

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk							
Full Name of Contributor Linda Slagle							
Street Address 600 Sheldon Ave				M 0	D 2	Y 1	Amount \$200.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check				
Full Name of Contributor							
Street Address							
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor Total Employee Contributions From Page 7							
Street Address Transferred To Page 31-A							
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address							
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address							
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address							
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address							
City	State OH	Zip Code	Form (Cash, Check, etc.)				

The above are employees of a unit or department under the direct supervision and control of Daphne Hawk, who currently holds the public office of County Recorder. I hereby affirm that each contribution was voluntarily made.

RA Chh (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

\$200.00
Page Total \$