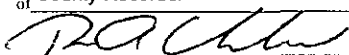


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk							
Full Name of Contributor Kent Trofholz							
Street Address 6767 Fleur Dr				M 1	D 0	Y 2	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check				
Full Name of Contributor William Lewis							
Street Address 5276 Princeton Ln				M 1	D 0	Y 2	Amount \$100.00
City Groveport	State OH	Zip Code 43125	Form (Cash, Check, etc.) Check				
Full Name of Contributor Kristin Fuller							
Street Address 4670 Grandover Dr				M 1	D 0	Y 2	Amount \$75.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check				
Full Name of Contributor Carl Reardon							
Street Address 1869 Elmore Ave				M 1	D 0	Y 2	Amount \$40.00
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Check				
Full Name of Contributor Geoff Smith							
Street Address 3578 Sunset Dr				M 1	D 0	Y 2	Amount \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Tom Woodyard							
Street Address 555 S Waverly St				M 1	D 0	Y 2	Amount \$50.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check				

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.

 (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."

\$405.00

Page Total \$ _____