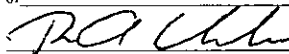


Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk							
Full Name of Contributor Traci Crabtree							
Street Address 2725 Regina Ave				M 1	D 1	Y 0	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check				
Full Name of Contributor Linda Slagle							
Street Address 600 Sheldon Ave				M 1	D 1	Y 0	Amount \$400.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check				
Full Name of Contributor Eric Johnson							
Street Address 5635 Oliver St				M 1	D 1	Y 0	Amount \$25.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) EFT				
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor Total Employee Contributions From Pages 18 Through 20							
Street Address Transferred To Form 31-E				M	D	Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)				
Full Name of Contributor							
Street Address				M	D	Y	Amount
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.

 (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."

\$475.00

Page Total \$