

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Hawk				
Full Name of Contributor Phillip Banks				
Street Address 380 S Fifth St			M 0	D 6
			Y 2	Amount \$25.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	
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 <u>71</u> and <u>72</u>				
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.)	
Full Name of Contributor				
Street Address			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.)	
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] (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."

\$25.00

Page Total \$