Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			· · · · · · · · · · · · · · · · · · ·	
Connittee for Joseph W	Testa			
Full Name of Contributor	, - (
Kimbol Stroud				la de la companya de
Street Address		7	A D Y	Amount
947 Chara Ln.			72406	150.00
City	State Zip Code		rm (Cash, Check, etc.)	
Colombis	0 H 432	70	Check	
Full Name of Contributor Ed O'Block				
10		N		Amount
5765 Stevens Dr.		0	72406	
	Sta te Zip Code	For	rm (Cash, Check, etc.)	
Orient Full Name of Contributor	OH 4314	+6	Check	
Mark Calhon Street Address				
$\widehat{}$		N N	1 1 1 1 1 1	Amount 15∂,00
5641 Dorsey Vr.	Sta te Zip Code	- C	72406 m (Cash, Check, etc.)	130+00
Colon be	0 H 432	4	Check	
Full Name of Contributor	0 1-1 102		-Acai\	
Street Address				
Street Address		V		Amount
4665 Brixshire Dr.		0	72406	150.00
City .	State Zip Code		rm (Cash, Check, etc.)	
Hilliard	0 H 4302	26	Check	
Full Name of Contributor				
Tony Frissora Street Address		· · · · · · · · · · · · · · · · · · ·	ALD Y	Amount
520 Preservation Ln.		1	72406	
City C	Sta te Zip Code		rm (Cash, Check, etc.)	
Crahanna	0 4 432	30	Check	
Full Name of Contributor				
Stan Dixon			4 0	
Street Address			Y D Y	Amount 150.05
378 E. lorrence Rd.	Sta te Zip Code	Fo	rm (Cash, Check, etc.)	130.00
Colorada	0 H 4-321		CLL	
LOWARYS			LACO (
The above are employees of a unit or department under the direct supervision and control of				
of County Aditor. I hereby affirm that each contribution was voluntarily made.				
Manual (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."