Page 24

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph Full Name of Contributor	111 - 1		
Full Name of Contributor	U. PESTA		
Kimbol Strad			
Street Address		1 1 1 1 1 1	ount
Street Address 5698 Freeport Ct. City			75.00
Westerille	Sta te Zip Code C 1-1 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor			
Sally Danceski		M D Y Am	ount
9658 Wagonwood Dr.			75-00
City Pickering ton Full Name of Contributor	State Zip Code OH 43147	Form (Cash, Check, etc.)	
1 di Hame di Commodici			
Shelley May		M D Y Am	ount
12283 Cleo Dr.		0315066	00.00
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	0 H 43146	Check	
Bob Monds			
Street Address			ount 7 <i>5 - 0</i> 0
1418 Terry Dr.	Stal te Zip Code	0 3 1 5 C 6 Form (Cash, Check, etc.)	/3 - <i>0</i> 0
Reynolds by Full Name of Contributor	0 H 43068	Check	
Lauric Ludlum Street Address		M D Y An	ount
1615 Andre Ct.			75-00
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Colombs	0 H 43227	Check	
Full Name of Contributor Deborch Harding			
Street Address 1164 Whitney Ln.		M D Y An O 3 / 5 06	10.06
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Westervine			the mobile of Con-
The above are employees of a unit or department under the direct supervision an	d control of Ucseph Will 1837	, who currently holds	the public office

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 No. 31-G."