

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full COMMITTEE TO ELECT ALBERT IOSUE							
Full Name of Contributor Teresa Merriman							
Street Address 3769 Juniper Street				M	D	Y	Amount
				0	4	0	\$75.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kristina Higginbotham							
Street Address 1724 E Dunedin Road				M	D	Y	Amount
				0	3	1	\$75.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Check			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
		OH					

The above are employees of a unit or department under the direct supervision and control of Albert Iosue, who currently holds the public office of Hallport City Council. 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."

\$150.00
Page Total \$ _____