

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Neal Whitman				
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.)	
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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 _____, who currently holds the public office of _____.

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."

\$0.00

Page Total \$ _____