Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Non-SC-William is Full			
Name of Committee in Full Committee C Joseph Full Name of Contributor	111		•
Full Name of Contributor	W. 12	375	
Carlyn Hayer Street Address			
Street Address			M D Y Amount
		•	050907 70.00
2065 Warfering Way	Sta te	Zip Code	Form (Cash, Check, etc.)
Keynoldsbin	OH	43068	Check
Full Name of Contributor			
Susan Sharp		·	
Street Address			M D Y Amount 35-00
77 Millstone Cin		7:- C-1-	0 5 0 9 0 7 35 - 00 Form (Cash, Check, etc.)
City	Sta te	Zip Code 43062	Form (Cash, Check, etc.)
Full Name of Contributor		(30 800	
Kan Perry			
Street Address			M D Y Amount
170 Lavrel Dr.			050907 70.00
City	1 1 1	Zip Code	Form (Cash, Check, etc.)
Pertaskala	OH	43062	Check
Full Name of Contributor Tim Donahe			
Street Address			M D Y Amount
2188 Case Rol.	Sta te	Zip Code	0 3 0 9 0 7 35.00 Form (Cash, Check, etc.)
	0 4	43224	Cas 5
Full Name of Contributor		73227	
Vicky Anthonia			
Street Address			M D Y Amount
2591 Briton St.			050907 35.00
City O	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH	43065	Cash
Street Address			M D Y Amount
3046 Bretter Woods I	7_		050907 35-00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Colmbs	OH	43231	Cash
The above are employees of a unit or department under the direct supervision an	nd control of	wesh W. To	S /, who currently holds the public office
of Canty And ter I hereby affirm that each contribution was voluntarily made.			
. I nereby affirm that each contribution was voluntarily made.			
(Signature of Treasurer or	Denuty 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."