Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				1
Committee for Joseph W.	Teste			
Full Name of Contributor				
Stars Ealine Street Address				
			050707	Amount 35.00
2350 Demorest Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)	_
Grac City	OH	43/23	Check	
Full Name of Contributor	<u> </u>			
Beckie Knore				
			1 - 1 1 1 1	Amount
Street Address 5410 Harlen Rd. City,	Ctal to	Ti- Codo	Form (Cash, Check, etc.)	35-00
Vew Albany Full Name of Contributor	Sta te	Zip Code 4-3054	Check etc.)	
Full Name of Contributor				
Mari Krose Street Address				
1733 Wh. Fe Rd.			M	Amount (00-00
City	Sta te	Zip Code	050907 Form (Cash, Check, etc.)	
Crac City	OH	1	Check	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			
Gang Snith	_		MIDV	Amount
Street Address			050907	_
5744 Blacks Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)	
Patas Kala	OH	43062	Check	
Full Name of Contributor				
Candice Weatherhead Street Address	1		M D Y	Amount
Street Address 5181 Edgeview Rd.			050907	35-00
City / /	Sta te	Zip Code	Form (Cash, Check, etc.)	
(olumbe	OH	43207	Check	
Full Name of Contributor Lavoire Ludlum				
Street Address			M D Y	Amount
1615 Dadee Ct.			050907	35.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
LOLUMBS	OH	T322/	Check	
The above are employees of a unit or department under the direct supervision and control of Joseph W. 18572, who currently holds the public office				
of Canty Ad: tot 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."