Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Full Name of Contributor Total of Pases 25 Street Address Forwarded To Form City	w	Teste			•	:
Full Name of Contributor						
Total of Pases 25	The	ا3 ر				
Street Address				M D	Y	Amount
City City	5	7 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 —		orm (Cash, C	hack etc.)	
·		Zip Code		omi (Casii, C	.neck, etc.)	
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	State	Zip Code	*`	Am (Casii, C	HOUR, CIU.)	
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	5	2.p code	``	Ann (Cubii, C	incom, cio.,	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·					
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	5.4.5) Zip code		,,,,, (OLD),, C		
Full Name of Contributor						
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Full Name of Contributor	· · · · · · ·					
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Street Address				M D	Y	Amount
City	Sta te	Zip Code	F.	orm (Cash, C	Thack etc.)	
Cuy	Sia le	Zip Code	. 1	onii (Casil, C	JICUR, EIU.)	
						
The above are employees of a unit or department under the direct supervision and		•	· lesta	, who	currently l	holds the public office
of Can Hod for I hereby affirm that each co	entribution w	as voluntarily made.		٠		
(Signature of Treasurer or	Deputy Trea	surer)				

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."

Page Total \$ ____