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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full	security second			
Committee for Joseph W.	1est	~ ₇		
Full Name of Contributor				
Lacie Lidlen				
			M D Y	Amount
Street Address 1615 Dade Ct. City			072406	50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	100
Calmbra	01	43227	Check	
Full Name of Contributor	<u> </u>			
Michelle Click				
Street Address			M D Y	Amount
5738 Blendenbrook Ln.			072406	50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Cahana	0 4	4-32-30	Check	
Full Name of Contributor				
Ken Perry				
Street Address	····		M D Y	Amount
170 Lowrel Dr.		,	072406	100-00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Patastala	011	43062	Check	
Full Name of Contributor				12 13 E
Sharen James				
Street Address			M D Y	Amount
8682 Davington Dr.			072406	50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
126/2	01-1	4307	Check	(0.00)
Full Name of Contributor				
Street Address			M D Y	Amount
City	Staj te	Zip Code	Form (Cash, Check, etc.)	
	NA CANADA			
Full Name of Contributor	1			
Total of Pages 46 Th	~ 4°	Ï		
Street Address			M D Y	Amount
Transferred To Form	. 3/-1	and the second		
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
		-		
	,@~~	I remaind to	1	
The above are employees of a unit or department under the direct supervision and	d control of	JusephWilesta	, who currently h	olds the public office
of Carty Actification. I hereby affirm that each contribution was voluntarily made.				
		minutes in the second of the s		
(Signature of Treasurer or	Denuty Transurary			

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 \$ 250,000 V