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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Full Name of Contributor	T KARLITAMI	must's C				
ALEL OCONTELL						
ALL OCONYLL Street Address 454 N. 3 B4 + K			100813 Amount			
$\frac{959}{\text{City}} \times \frac{3}{135} \times \frac{7}{125} \times \frac{1}{125} $	Staite	Zip Code	Form (Cash, Check, etc.)			
SUNGUAY	ОН	43074	CHECK			
Full Name of Contributor BUB WEISNBORD						
Street Address 350 6161 M419 Dún	CT		M			
City DJBL~	Staj te OH	2ip Code 43017	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			Mt D Y Amount			
City	Staj te OH	Zíp Code	Form (Cash, Check, etc.)			
Full Name of Contributor	1 011	1				
Street Address			Me D Y Amount			
City	Staj te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address			Me D Y Amount			
City	Stai te OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor	<u> </u>					
Street Address			M D Y Amount			
City	Sta te OH	Zip Code	Form (Cash, Check, etc.)			
The above are employees of a unit or department under the dir	ect supervision and control of	HAMISS KARS	, who currently holds the public office			
of 1005, 18 8						
(Signatu	re of Treasurer or Deputy Treasurer)					
State "Total employee contributions to Form No. 31-A or 31 state "Total employee contributions from form No. 31-G."	-E, if received at a social or fundrais	ing event. Under *Full Name of	"Contributor"			

\$0.00 Page Total S *7.00*