## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

(i)		and the second of the second o		
Name of Committee in Full Committee for Voseph W.	T=-1			
Full Name of Contributor	1857	7		
Gene Historichical				
Street Address			M D Y	Amount
5856 Thornsate Dr.			021306	25-00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Calloway	0 H	43119	Check	
Full Name of Contributor				
Teri Fowler				
Street Address			M D Y	Amount
7858 Ins Ct.			021606	50.00
City		Zip Code	Form (Cash, Check, etc.)	
Caral Winchester	OH	43/10	Uncal	
Full Name of Contributor				
Mora Aswad			M D Y	Amount
852 Tanara Dr.			021606	50.00
City City	Starte	Zip Code	Form (Cash, Check, etc.)	
Cahana	OH	43230	Check	
Full Name of Contributor		The second secon		
Gene Hinterschied		·		
Street Address			M D Y	Amount
5856 Thomsate Dr.			021706	25-00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Calloway	0 4	43119	Chreck	
Full Name of Contributor				
Michelle Merrick			M N N	Amount
Street Address			030606	1
6454 Fox H.11 Dr.	Stal te	Zip Code	Form (Cash, Check, etc.)	
Canal Winchester	04	1 .	Check	
Full Name of Contributor		7		
Vance Cerasini				
Street Address			M D Y	Amount
2105 Todilec Ct.			030606	150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columba	04	43228	Check	
The above are employees of a unit or department under the direct supervision as	nd control of	Joseph W. Te	, who currently h	olds the public office
of Covata And to I hereby affirm that each c		untarily 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."