

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M	D	Y	Amount
KIA CITIZENS TO RESIST KANSAS MUSTER							
Full Name of Contributor							
ARL O'CONNELL							
Street Address							
554 N. 3 rd St + K RD				10	08	13	100
City	State	Zip Code	Form (Cash, Check, etc.)				
SUNBURY	OH	43074	CHECK				
Full Name of Contributor							
BOB WISNIEWSKI							
Street Address							
350 GLEN MADON CT				09	25	13	100
City	State	Zip Code	Form (Cash, Check, etc.)				
N. B. W.	OH	43017	CHECK				
Full Name of Contributor							
Street Address							
City							
State							
Zip Code							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State							
Zip Code							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State							
Zip Code							
Form (Cash, Check, etc.)							
Full Name of Contributor							
Street Address							
City							
State							
Zip Code							
Form (Cash, Check, etc.)							

The above are employees of a unit or department under the direct supervision and control of CHARLES KANSAS, who currently holds the public office

of TRUSTEES. I hereby affirm that each contribution was voluntarily made.

[Signature] (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 form No. 31-G."

\$0.00

Page Total \$ 2.00