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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee for Dewey Stokes							
Full Name of Contributor							
Joni McClellan (Transferred to For 31-E for 11/16/05)							
Street Address					D	Y	Amount
44 Tabilore Loops					1 6	0 5	295.00
City	State Zip Code		Zip Code	Form (Ca	sh, Check,	etc)	
Delaware	0	H	43015	Checl	ς		
Full Name of Contributor		-			•		
Street Address					D	Y	Amount
City City	Stat	te	Zip Code	Form (Ca	sh, Check,	etc)	
	1			ĺ			
Full Name of Contributor			<u> </u>				
Street Address					D	Y	Amount
					1		
City	Stat	te	Zip Code	Form (Ca	sh, Check,	etu)	
Full Name of Contributor	<u> </u>	· ,					
Street Address				M	Ď	Y	Amount
puret Address					1 1		
City	Stat	re.	Zip Code	Form (Ca	sh, Check,	etu)	
City	1	~				·	
E. II Mauri of Contributor			<u> </u>	_			
Full Name of Contributor							
						Y	Amount
Street Address					D 		
	State Zip Code						
City	Julia	ıc	Zip couc		sh, Check,	/	
7 11 27 27 27 27 27 27 27 27 27 27 27 27 27	<u> </u>		<u> </u>				
Full Name of Contributor							
						Y	Amount
Street Address					D	1	Anount
	1 174-4		7: O. J	Form (Ca	sh, Check,	Cute	
City	Stat	æ	Zip Code	Tom (Cr	on, Choon,	510)	
		1 - f	Dewey	R Sta	loc	nat.	no currently holds the public office
The above are employees of a unit or department under the direct supervision	n or condo	A OI	Dewey	n, ou	WE2	, wi	io autonos, notas ato paono dilito
of County Commissioner . I hereby affirm that e	ach contrib	ution w	as voluntarily made.				
(Signature of Treasure	er or Deputy	Treasu	rer)				
Transfer total employee contributions to Form No. 31-A or 31-E, if received	d at a social	or fund	raising event. Under "Full Nam	e of Contrib	outor" stat	e_"Total e	mployee
contributions from No. 31-G."						ł	
						Pag	ge Total \$ 295.00