Page <b>/4</b>	
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## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Name of Committee in Full  Committee for Jaseph  Full Name of Contributor	W. Tests		
Full Name of Contributor			
Laurie Ludlum Street Address		M D Y Amount	
1615 Dundee Ct.		052406 35-00	
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Colombia	0 H 43227	Check	
Michelle Click			
Street Address		M D Y Amount	
5738 Blendonbrook Ln		052406 35-00	
City Ca hanna	State Zip Code  CH 43230	Form (Cash, Check, etc.)	
Full Name of Contributor	The state of the s		
Vane Lenning			
Street Address 7791 Strathmoore Rd.	,	M D Y Amount 35-00	
City	Sta te Zip Code	Form (Cash, Check, etc.)	
Deblin	0 H 43016	Check	
Full Name of Contributor			
Brenda Toops Street Address		M D Y Amount	X,
3424 Arnsly Rd.		0 5 2 4 0 6 35-00	
City	Sta te   Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	UMTSES		
The Dixon	·		
Street Address 1567 Clem Ave.		M D Y Amount 052406 35-00	
City	Staj te Zip Code	Form (Cash, Check, etc.)	
Colmbs	0 H 43212	Check	
Full Name of Contributor  Sharan Ealine			
Street Address		M D Y Amount	
2350 Demorest Rd.		052406 35-00	
City Gox City	Sta te   Zip Code	Form (Cash, Check, etc.)	
		L who among the best of the second to the	14. 16. S.
The above are employees of a unit or department under the direct supervision an		, who currently holds the public office	
of carty that the leach co	ontribution was voluntarily made.		
120. Chalu (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."