Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Euli								·		
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The above are employees of a unit or department under the direct supervision ar	id control	of \	osephw. To	Es La		, who c	urrently l	olds the pub	lic office	
of Control And to I hereby affirm that each co			•			,		puo		
			umanny made.							
(Signature of Treasurer or	Deputy T	reasurer)								

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."

Page Total \$ <u>50.00</u>