Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

No. 10 Part			,	
Name of Committee in Full		` /	•	
Committee for Joseph L	V. /e	sta		n is, vanten a kinan ind
Full Name of Contributor				
Hoatha Shields	, ,			
Street Address			M	Amount 150.00
359 Farestwood Dr.			03/307	J
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
bahana	0 1-1	43230	Check	
Full Name of Contributor				
Mari Kruse Street Address				
				Amount 200.00
1733 White Rd.			031307	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	OH	43123	Check	
1				
Street Address				Amount
			MDY	
7970 Sethwide Rd.	c. l.	7:. 0-1-	03/307 Form (Cash, Check, etc.)	75 - 65
City //	Sta te	Zip Code		
U.61.5	0 H	43016	Check	
Full Name of Contributor				
Laurie Ludkin Street Address			MIDIV	Amount
			03/307	75-00
1615 Under Ct.	Sta te	Zip Code	Form (Cash, Check, etc.)	/3 -20
City	O H	1	Com (cash, check, cic.)	
Full Name of Contributor	OH	T3221	Check	
Jacalyn Federer Street Address			M D Y	Amount
			032107	
3512 Vintage Woods I	Stal te	Zip Code	Form (Cash, Check, etc.)	
Hilliard	0 H		Charle	泰尔斯特特斯
Full Name of Contributor	0111	, , ,		
0 01 1				
Ross Chambes			M D Y	Amount
12364 Thorashbred Dr.			032107	150.00
City 1	Sta te	Zip Code	Form (Cash, Check, etc.)	
P=/- /	0 14	43147	Check	
1,000,000			- /	
The above are employees of a unit or department under the direct supervision and control of Oseph Willesten, who currently holds the public office				
of Cara + And. for . I hereby affirm that each contribution was voluntarily 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."