Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Name of Committee in Full Committee For Joseph W Full Name of Contributor	1 / 6	anom, as jou, radina				•		
Full Name of Contributor	·			70				
C=1-4-1								
Street Address					M	D	Y	Amount
Street Address 7970 Sethwick Rd.					0	02	06	357.20
City	Sta	te	Zip Code	Fo	om (C	ash, Che	cck, etc.)	
Delia	6	1-1	43016		<u>C</u>	Lec	L	
Full Name of Contributor								
Street Address 2099 Tonda Lo. City Coe C. Ly 0 H 43123								10.511
Street Address					M	D	Y	Amount
2099 Torda Los.							06	100-00
City	1		Zip Code	Fo	rm (C	ash, Che	ck, etc.)	
		fam.f	Lf-3/23	(30)	<u></u>	\sim cc		100000
Full Name of Contributor								
Street Address					VI	D	Y	Amount
								:
City	Sta	te	Zip Code	Fo	m (C	sh, Che	ck, etc.)	
·							1.	Color Back
Full Name of Contributor		~	1 ~7					
Total of Pages 38	<u> </u>	7/-	<u>65</u>					
Street Address Transferred To Farm 31-E						D	Y	Amount
City	Sta	te	Zip Code	Fo	rm (C	ash, Che	ck, etc.)	
Full Name of Contributor								
·							Tell or	
Street Address					М	D	Y	Amount
	·							
City .	Sta	te	Zip Code	Fo	orm (C	ash, Che	eck, etc.)	
				1500		ENGLY NOT		
Full Name of Contributor								
Street Address					M	D)	Y	Amount
7,22,500								7 mount
City	Sta	te	Zip Code	Fo	orm (C	ash, Che	eck, etc.)	
								10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
		annound the same	I manufacture of the second					
The above are employees of a unit or department under the direct supervision and control of ocean, who currently holds the public office								
of Carty At A. I hereby affirm that each co	ntribution	was volu	intarily made.					
(Signature of Treasurer or	Denuty Tr	escurer)						
(Signature of Treasurer of	Debath 11	casmer)						

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 \$ _135-00