Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				T v W-v	
Committee for Joseph L	11	14-	1		
Full Name of Contributor		152	Te		
Street Address				M D Y	Amount
520 Preservation Ln.				050807	70.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Cahana	0	4	43230	Check	
Full Name of Contributor					
Mora Aswad		•			
Street Address				M D Y	Amount
852 Tanga Dr.				050807	
City	Sta		Zip Code	Form (Cash, Check, etc.)	
Vahana	0	4	43230	Check	
Full Name of Contributor					
Street Address				M D Y	Amount
				050807	1 _
947 Chara Ln.	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Columb =		1-1	43240	Check	
Full Name of Contributor			()2 ()		
Kerri Ritchie					
Street Address				M D Y	Amount
6 W. Race St.				050807	35-00
City	Sta		Zip Code	Form (Cash, Check, etc.)	
Mechanicsbyn	0	H	43044	Check	
Full Name of Contributor					
May Warden					
Street Address				MDY	Amount
1680 Thrailkill Rd.			17: 0.1	Form (Cash, Check, etc.)	
City		te	Zip Code 4-3125		
Full Name of Contributor		, ,	T3(2)	Check	
Street Address				M D Y	Amount
2105 Vadilec Ct				030907	35-00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Colombe	0	1-1	43228	Check	
The above are employees of a unit or department under the direct supervision and control of <u>Joseph W. 12572</u> , who currently holds the public office					
of And to 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."