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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Dean Ringle for Engineer			
Full Name of Contributor			
Street Address			
Suret Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		ı	
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City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		1	
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
The above are employees of a unit or department under the direct supervision a	nd control of	Dean Ringle	, who currently holds the public office
County Engineer I hereby affirm that each of (Signature of Treasurer of	r Deputy Treasurer)	
Transfer total employee confributions to Porm No. 31-A or 31-E, if received at state "Total employee contributions from form No. 31-G."	a social or fundrai	sing event. Under "Full Name of Contr	ibutor"