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Page Total \$

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
O'Brien for Prosecuting Attorne	у		
Full Name of Contributor		•	
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address	.,		M D Y Amount
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Full Name of Contributor			
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
The above are employeds of a unit or department under the direct supervision Prosecuting Attorney I hereby affirm that	sion and control of	Ronald J.	O'Brien , who currently holds the public office
	arer or Deputy Treasure	-	
Transfer total employee contributions to Form No. 31-A or 31-E, if receiv state "Total employee contributions from form No. 31-G."	ved at a social or fundra	nising event. Under "Full Na	ame of Contributor"