Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		and the second s	and the second s	
Name of Committee in Full Committee for Joseph W. T Full Name of Contributor	es for	The second secon		
Elizabeth Ondray Street Address			M D Y	Amount
9147 Constitution Are.	- Grale	7:- C-1-	083006 Form (Cash, Check, etc.)	
City	State O H	Zip Code 43/46	Check etc.)	
Full Name of Contributor				
Eric Taylor			M D Y	Amount
822 Lindenhaven Rd.			083006	1 8
City		Zip Code 43230	Form (Cash, Check, etc.)	
Full Name of Contributor		75200	Chesic	
Sally Dancesk; Street Address				
Street Address 9658 Wason wood Dr.			083006	35-40
City - The state of the state o		Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	OH	43147	Check	
Peter Stevens				
Street Address			M D Y	Amount
237 E. Deshler Ave.	Sta te	Zip Code	0 8 3 1 0 6 Form (Cash, Check, etc.)	
Colombia	04	43206	Check	
Full Name of Contributor				
Bill Jewell Street Address			M D Y	Amount
4925 Amhust Rd.			083106	
Colombis	Sta te	Zip Code 4-3228	Form (Cash, Check, etc.)	27 11 (4)
Full Name of Contributor				
Krist. Schaffer			M D Y	Amount
Street Address 3539 Social Branch Dr.			083106	35-00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Voce City	OH	43/23	- Check	
The above are employees of a unit or department under the direct supervision and control of Uosephw. 1=5 ta, who currently holds the public office				
of the firm 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."