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## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Contributor  Charles W. Buss, Ir.  Address  4416 Bryslan Pul  Blore City  Name of Contributor  Michael P. Boso  Address  1394 Cracks Crassing	J#	Zip Code 43113	09261 Form (Cash, Check,	Aircount 250 % etc.)
A416 Bryslai IU Brove City Name of Contributor Michael F. Boso	<b>34</b>	Zip Code 43/13	OB 26 1 Form (Cash, Check,	250 °C.)
Name of Contributor  Michael P. Basa	<b>₹</b>	Zip Code 43/13	Form (Cash, Check,	etc.)
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			08261	Amount 250 A
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	Sta te	Zip Code	Form (Cash, Check	, ctc.)
Name of Contributor				
t Address			M	Y Amount
	Sta te	Zip Code	Form (Cash, Check	, etc.)
bove are employees of a unit or department under the direct supervision a	nd control of	Peland L. Sta	, who carn	ently holds the public office

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."