Page	5/

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Full Name of Contributor City Full Name of Contributor City Full Name of Contributor City Full Name of Contributor Full Name of Contributor	T	4	
Full Name of Contributor	155	19	
Roberton			
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6410 Hankon R.1		67	090806 35-00
City	Sta te	Zip Code	0 9 0 8 0 6 35-00 Form (Cash, Check, etc.)
12 Albans	OF	1 43054	Check
Full Name of Contributor	<u> </u>		
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Full Name of Contributor		57	
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Full Name of Contributor Total of Pages 50 T Street Address Transferred To For		21-F	M D Y Amount
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City	Stalte	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	l		
- III (Ante of Controlled			
Street Address			M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
		Touchles	Tester , who currently holds the public office
The above are employees of a unit or department under the direct supervision an		-	, who currently notes the public office
of County And to I hereby affirm that each co	ontribution was	voluntarily made.	
(Signature of Treasurer or	Deputy Treasu	rer)	

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."