

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee <i>Committee for Joseph W. Testa</i>						Registration Number, if PAC	
Full Name of Candidate <i>Joseph W. Testa</i>							
Street Address <i>873 Ebner St.</i>				Office Sought <i>County Auditor</i>		District	
City <i>Columbus</i>				State <i>OH</i>		Zip Code <i>43206</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input checked="" type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Election		M	D	Y	
				<i>05</i>	<i>02</i>	<i>06</i>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 174,247.37
2. Total monetary contributions (From Form No. 31-A)	\$ 10,755.00
3. Total other income (From Form No. 31-A-2)	\$ 72.16
4. Total funds available (sum of lines 1, 2, 3)	\$ 185,074.53
5. Total monetary expenditures (From Form No. 31-B)	\$ 8,597.13
6. Balance on hand (line 4 minus line 5)	\$ 176,477.40
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$

06 JUN -9 PM 1:50  
FILED  
FRANKLIN COUNTY  
BOARD OF ELECTIONS

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*Ross A. Chambers, Treasurer*      *R.A. Chambers*      *6/8/06*  
 Print Name and Title (Treasurer and Deputy Treasurer only)      Signature      Date

Contribution pages 15

Expenditure pages 3

Other pages 6

Total pages 24

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>						
Full Name of Contributor <i>Contributions From Form 31-E</i>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	3	1506	6,575.00
Full Name of Contributor <i>Contributions From Form 31-E</i>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	5	2406	2,480.00
Full Name of Contributor <i>Contributions From Form 31-E</i>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			0	6	2606	1,700.00
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>							Registration Number, if PAC								
Full Name <i>National City Bank</i>				Type* <i>IN</i>			M	D	Y	Amount					
Address <i>155 E. Broad St.</i>				State <i>OH</i>			Zip Code <i>43215</i>		<i>0</i>	<i>5</i>	<i>0</i>	<i>9</i>	<i>0</i>	<i>6</i>	<i>72.16</i>
City <i>Columbus</i>				Form (Cash, Check, etc.) <i>NA</i>											
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						
Full Name							Registration Number, if PAC								
Address				Type*			M	D	Y	Amount					
City				State			Zip Code		Form (Cash, Check, etc.)*						

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full											
To Whom Paid							M	D	Y	Amount	
Committee for Joseph W. Tests							0	4	20	06	1,037.16
Address				Purpose							
70 S. Fourth St.				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3446					
To Whom Paid							M	D	Y	Amount	
New Century Solutions							0	4	20	06	1,500.00
Address				Purpose							
5466 Cedar Bush Rd.				Consulting							
City			State	Zip Code		Check Number					
Columbus			OH	43229		3447					
To Whom Paid							M	D	Y	Amount	
George Mance							0	4	20	06	90.21
Address				Purpose							
3741 Kinsey Dr.				Reimbursement - Supplies							
City			State	Zip Code		Check Number					
Columbus			OH	43224		3448					
To Whom Paid							M	D	Y	Amount	
Franklin County Republican Party							0	4	20	06	100.00
Address				Purpose							
14 E. Gay St.				Contribution							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3449					
To Whom Paid							M	D	Y	Amount	
M:lvets							0	4	21	06	196.00
Address				Purpose							
250 W. Broad St.				Tickets - 5/19 Event							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3450					
To Whom Paid							M	D	Y	Amount	
Franklin County Republican Party							0	4	21	06	2,000.00
Address				Purpose							
14 E. Gay St.				Contribution							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3451					
To Whom Paid							M	D	Y	Amount	
Postmaster							0	5	03	06	195.00
Address				Purpose							
850 Twin Rivers Dr.				Postage							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3452					
To Whom Paid							M	D	Y	Amount	
Minuteman Press							0	5	08	06	378.96
Address				Purpose							
70 S. Fourth St.				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3453					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>										
To Whom Paid <i>New Century Solutions</i>							M	D	Y	Amount <i>1,500.00</i>
Address <i>5466 Cedar Bush Rd.</i>				Purpose <i>Consulting</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43229</i>		Check Number <i>3454</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>234.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3455</i>				
To Whom Paid <i>Southeast County Auditors Assn.</i>							M	D	Y	Amount <i>50.00</i>
Address <i>66 E. Lynn St.</i>				Purpose <i>Contribution</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3456</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>117.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3457</i>				
To Whom Paid <i>Minteman Press</i>							M	D	Y	Amount <i>687.80</i>
Address <i>70 S. Farth St.</i>				Purpose <i>Printing</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3458</i>				
To Whom Paid <i>Franklin County Forum</i>							M	D	Y	Amount <i>12.00</i>
Address <i>1852 Lakeview Ave.</i>				Purpose <i>2006 Dues</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43224</i>		Check Number <i>3460</i>				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code		Check Number				
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code		Check Number				

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						Registration Number, if PAC	
Full Name of Contributor <u>Dave Reynolds</u>				M   D   Y <u>042106</u>		Amount <u>75.00</u>	
Street Address <u>657 Norfolk Sq.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Check</u>			
City <u>Pickerington</u>		State <u>OH</u>	Zip Code <u>43147</u>				
Full Name of Contributor <u>Robert Davis</u>				M   D   Y <u>042606</u>		Amount <u>2,500.00</u>	
Street Address <u>104 Browning Ct.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Check</u>			
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>				
Full Name of Contributor <u>Pat Grabill</u>				M   D   Y <u>050806</u>		Amount <u>1,000.00</u>	
Street Address <u>182 S. High St.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Check</u>			
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>				
Full Name of Contributor <u>Delena Ciamacco</u>				M   D   Y <u>050806</u>		Amount <u>2,500.00</u>	
Street Address <u>881 E. Johnstown Rd.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Check</u>			
City <u>Gahanna</u>		State <u>OH</u>	Zip Code <u>43230</u>				
Full Name of Contributor <u>Joseph Rose</u>				M   D   Y <u>050806</u>		Amount <u>500.00</u>	
Street Address <u>22 W 26<sup>th</sup> St.</u>		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <u>Check</u>			
City <u>New York</u>		State <u>NY</u>	Zip Code <u>10010</u>				
Full Name of Contributor				M   D   Y		Amount	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City		State	Zip Code				
Full Name of Contributor				M   D   Y		Amount	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)			
City		State	Zip Code				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 6,575.00

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>						Registration Number, if PAC				
Full Name of Contributor <i>Celia Forker</i>						Registration Number, if PAC				
Street Address <i>1942 Stelzer Rd.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>1942 Stelzer Rd.</i>						<i>0</i>	<i>4</i>	<i>26</i>	<i>06</i>	<i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Blaine Sickles</i>						Registration Number, if PAC				
Street Address <i>7997 Clark Ave.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>7997 Clark Ave.</i>						<i>0</i>	<i>50</i>	<i>80</i>	<i>06</i>	<i>25.00</i>
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43017</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Mike Kibbey</i>						Registration Number, if PAC				
Street Address <i>319 Thurman Ave.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>319 Thurman Ave.</i>						<i>0</i>	<i>511</i>	<i>06</i>	<i>35.00</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43206</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Megan Browning</i>						Registration Number, if PAC				
Street Address <i>695 Hartford St.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>695 Hartford St.</i>						<i>0</i>	<i>5150</i>	<i>06</i>	<i>100.00</i>	
City <i>Worthington</i>		State <i>OH</i>	Zip Code <i>43085</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Shoemaker, Howarth &amp; Taylor LLP</i>						Registration Number, if PAC				
Street Address <i>471 E. Broad St.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>471 E. Broad St.</i>						<i>0</i>	<i>5150</i>	<i>06</i>	<i>35.00</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>James Van DeWater</i>						Registration Number, if PAC				
Street Address <i>6800 Raybear Dr.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>6800 Raybear Dr.</i>						<i>0</i>	<i>5220</i>	<i>06</i>	<i>10.00</i>	
City <i>Canal Winchester</i>		State <i>OH</i>	Zip Code <i>43110</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Ed Havenstein</i>						Registration Number, if PAC				
Street Address <i>2926 E. Mound St.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>2926 E. Mound St.</i>						<i>0</i>	<i>5240</i>	<i>06</i>	<i>50.00</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>					

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.  
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 290.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>							
Full Name of Contributor <i>Mike Moran</i>				Registration Number, if PAC			
Street Address <i>571 Howland Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>571 Howland Dr.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>35.00</i>
City <i>Gahanna</i>		State <i>OH</i>	Zip Code <i>43230</i>	Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Dana Durkin</i>				Registration Number, if PAC			
Street Address <i>2305 Deerfield Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>2305 Deerfield Dr.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>35.00</i>
City <i>Grace City</i>		State <i>OH</i>	Zip Code <i>43123</i>	Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Columbus Apartment Assn</i>				Registration Number, if PAC <i>0H146</i>			
Street Address <i>1225 Dublin Rd.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>1225 Dublin Rd.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gary Koch</i>				Registration Number, if PAC			
Street Address <i>5381 Adventure Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>5381 Adventure Dr.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>100.00</i>
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43017</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gary Koch</i>				Registration Number, if PAC			
Street Address <i>5381 Adventure Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>5381 Adventure Dr.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>100.00</i>
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43017</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Dorothy Curtin</i>				Registration Number, if PAC			
Street Address <i>790 Kimothy Dr.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>790 Kimothy Dr.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>25.00</i>
City <i>Westerville</i>		State <i>OH</i>	Zip Code <i>43081</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Taylor Property Ltd.</i>				Registration Number, if PAC			
Street Address <i>701 Morning St.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<i>701 Morning St.</i>				<i>0</i>	<i>5</i>	<i>06</i>	<i>35.00</i>
City <i>Worthington</i>		State <i>OH</i>	Zip Code <i>43085</i>	Form (Cash, Check, etc.) <i>Check</i>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 365.00

## Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>					
Full Name of Contributor <i>Nancy Taylor</i>				Registration Number, if PAC	
Street Address <i>701 Morning St.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>052506</i>	Amount <i>35.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Ron Milburn</i>				Registration Number, if PAC	
Street Address <i>6082 Memorial Dr.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>052506</i>	Amount <i>35.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>John Price</i>				Registration Number, if PAC	
Street Address <i>505 Whitney Ave.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>052506</i>	Amount <i>35.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Dave White</i>				Registration Number, if PAC	
Street Address <i>5652 Oakmont Dr.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>052506</i>	Amount <i>35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43232</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Barbara Clark</i>				Registration Number, if PAC	
Street Address <i>5253 E. Broad St.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>052506</i>	Amount <i>35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43213</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Diane Bray</i>				Registration Number, if PAC	
Street Address <i>1135 Kingslea Rd.</i>		Employer/Occupation/Labor Organization*		M   D   Y <i>060206</i>	Amount <i>75.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Total Employee Contributions From Form 31-G</i>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount <i>1,575.00</i>
City		State	Zip Code	Form (Cash, Check, etc.)	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,825.00

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Test</i>										
To Whom Paid <i>Planks</i>							M	D	Y	Amount <i>505.00</i>
Address <i>888 S. High St.</i>				Purpose <i>Expenses - 5/24 Event</i>						
City <i>Columbs</i>		State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>3459</i>						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>						Registration Number, if PAC				
Full Name of Contributor <i>Chris Zeigler</i>						Registration Number, if PAC				
Street Address <i>1251 Belcross Dr.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>1251 Belcross Dr.</i>						<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i>	<i>250.00</i>
City <i>New Albany</i>		State <i>OH</i>	Zip Code <i>43054</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Robert Jeffrey</i>						Registration Number, if PAC				
Street Address <i>296 Ashbourne Pl.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>296 Ashbourne Pl.</i>						<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i>	<i>100.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Sam Koon</i>						Registration Number, if PAC				
Street Address <i>141 E. Town St.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>141 E. Town St.</i>						<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i>	<i>250.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Beresh, Friedlander, Caplan &amp; Aronoff</i>						Registration Number, if PAC				
Street Address <i>200 Public Sq.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>200 Public Sq.</i>						<i>0</i>	<i>5</i>	<i>30</i>	<i>06</i>	<i>250.00</i>
City <i>Cleveland</i>		State <i>OH</i>	Zip Code <i>44114</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Ed Overmyer</i>						Registration Number, if PAC				
Street Address <i>2245 North Bank Dr.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>2245 North Bank Dr.</i>						<i>0</i>	<i>6</i>	<i>02</i>	<i>06</i>	<i>250.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43220</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>Harley E. Rouda</i>						Registration Number, if PAC				
Street Address <i>2285 Yorkshire Rd.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>2285 Yorkshire Rd.</i>						<i>0</i>	<i>6</i>	<i>05</i>	<i>06</i>	<i>250.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43221</i>		Form (Cash, Check, etc.) <i>Check</i>					
Full Name of Contributor <i>George Kortesianis</i>						Registration Number, if PAC				
Street Address <i>400 S. Fifth St.</i>			Employer/Occupation/Labor Organization*			M	D	Y	Amount	
<i>400 S. Fifth St.</i>						<i>0</i>	<i>6</i>	<i>08</i>	<i>06</i>	<i>250.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>Check</i>					

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,600.00

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>							
Full Name of Contributor <i>Bill Curtis</i>				Registration Number, if PAC			
Street Address <i>865 Macon Alley</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount <i>100.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43206</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>							
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>42</i>	<i>80</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>25.00</i>
City <i>Galloway</i>		State <i>OH</i>	Zip Code <i>43119</i>				
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>51</i>	<i>20</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>25.00</i>
City <i>Galloway</i>		State <i>OH</i>	Zip Code <i>43119</i>				
Full Name of Contributor <i>Vance Cerasini</i>							
Street Address <i>2105 Jodilee Ct.</i>				M	D	Y	Amount
				<i>0</i>	<i>51</i>	<i>60</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43228</i>				
Full Name of Contributor <i>Cindi Becker</i>							
Street Address <i>3046 Better Woods Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>52</i>	<i>40</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43231</i>				
Full Name of Contributor <i>Kimber Stroud</i>							
Street Address <i>947 Chara Lane</i>				M	D	Y	Amount
				<i>0</i>	<i>52</i>	<i>40</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43240</i>				
Full Name of Contributor <i>Angie Musselman</i>							
Street Address <i>12999 Ridgeway Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>52</i>	<i>40</i>	<i>6</i>
				Form (Cash, Check, etc.) <i>Check</i>			<i>35.00</i>
City <i>Orient</i>		State <i>OH</i>	Zip Code <i>43146</i>				

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (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 form No. 31-G."

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tests</u>							
Full Name of Contributor <u>Laurie Ludlum</u>							
Street Address <u>1615 Dundee Ct.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43227</u>		Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Michelle Click</u>							
Street Address <u>5738 Blendbrook Ln.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Jane Lennings</u>							
Street Address <u>7791 Strathmoore Rd.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43016</u>		Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Brenda Toops</u>							
Street Address <u>3424 Arnsby Rd.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>		Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Julie Dixon</u>							
Street Address <u>1567 Glenn Ave.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43212</u>		Form (Cash, Check, etc.) <u>Check</u>		
Full Name of Contributor <u>Shaun Ealine</u>							
Street Address <u>2350 Democrat Rd.</u>				M	D	Y	Amount
				<u>0</u>	<u>5</u>	<u>24</u>	<u>06</u> <u>35.00</u>
City <u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>		

The above are employees of a unit or department under the direct supervision and control of Joseph W. Tests, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.A. Char (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 form No. 31-G."

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>							
Full Name of Contributor <i>Kerri Ritchie</i>							
Street Address <i>6 W. Race St.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>24</i>	<i>06</i> <i>35.00</i>
City <i>Mechanicsburg</i>		State <i>OH</i>	Zip Code <i>43044</i>		Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Mary Warden</i>							
Street Address <i>1680 Thraikill Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>24</i>	<i>06</i> <i>35.00</i>
City <i>Grace City</i>		State <i>OH</i>	Zip Code <i>43123</i>		Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Stephanie Philpat</i>							
Street Address <i>14110 Lockbourne Eastern Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i> <i>35.00</i>
City <i>Ashville</i>		State <i>OH</i>	Zip Code <i>43103</i>		Form (Cash, Check, etc.) <i>Cash</i>		
Full Name of Contributor <i>Todd Adamson</i>							
Street Address <i>6512 Centennial Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i> <i>35.00</i>
City <i>Reynoldsburg</i>		State <i>OH</i>	Zip Code <i>43068</i>		Form (Cash, Check, etc.) <i>Cash</i>		
Full Name of Contributor <i>Mona Aswad</i>							
Street Address <i>852 Tamara Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i> <i>50.00</i>
City <i>Cahanna</i>		State <i>OH</i>	Zip Code <i>43230</i>		Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Laurie Cluck</i>							
Street Address <i>14236 N. Old 3-C Hwy.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06</i> <i>70.00</i>
City <i>Sunbury</i>		State <i>OH</i>	Zip Code <i>43074</i>		Form (Cash, Check, etc.) <i>Check</i>		

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

PA. Chamber (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 form No. 31-G."

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee for Joseph W. Testa							
Full Name of Contributor							
Teri Fowler							
Street Address						M   D   Y	Amount
7858 Iris Ct.						0   5   2   5   0   6	40.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Canal Winchester		OH		43110		Check	
Full Name of Contributor							
Susan Sharp							
Street Address						M   D   Y	Amount
77 Millstone Circle						0   5   2   5   0   6	35.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Pataskala		OH		43062		Check	
Full Name of Contributor							
Gary Woodward							
Street Address						M   D   Y	Amount
4665 Brixshire Dr.						0   5   2   5   0   6	35.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Hilliard		OH		43026		Check	
Full Name of Contributor							
Ken Perry							
Street Address						M   D   Y	Amount
170 Laurel Dr.						0   5   2   5   0   6	70.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Pataskala		OH		43062		Check	
Full Name of Contributor							
Carolyn Hanger							
Street Address						M   D   Y	Amount
2065 Wayfarers Dr.						0   5   2   5   0   6	70.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Reynoldsburg		OH		43068		Check	
Full Name of Contributor							
Sunny Cataland							
Street Address						M   D   Y	Amount
6889 Lott Rd.						0   5   2   5   0   6	70.00
City		State		Zip Code		Form (Cash, Check, etc.)	
Sunbury		OH		43074		Check	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (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 form No. 31-G."

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>							
Full Name of Contributor <i>Stan Dixon</i>							
Street Address <i>578 E. Torrence Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43214</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Marij Kruse</i>							
Street Address <i>1733 White Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 75.00</i>
City <i>Grace City</i>	State <i>OH</i>	Zip Code <i>43123</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Pete Stevens</i>							
Street Address <i>237 E. Dasher Ave.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43206</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Tina Jeffries</i>							
Street Address <i>2649 Patrick Henry Ave.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43207</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Chris Green</i>							
Street Address <i>5547 Charming Way</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43213</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Cindy Hardy</i>							
Street Address <i>7970 Sethwick Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>5</i>	<i>25</i>	<i>06 70.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>		Form (Cash, Check, etc.) <i>Check</i>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (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 form No. 31-G."

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee for Joseph W. Testa							
Full Name of Contributor							
Beckie Knore							
Street Address				M	D	Y	Amount
5410 Harlem Rd.				0	5	06	35-00
City	State	Zip Code	Form (Cash, Check, etc.)				
New Albany	OH	43054	Check				
Full Name of Contributor							
Tina Tate							
Street Address				M	D	Y	Amount
6356 Rusosa Ave.				0	5	06	25-00
City	State	Zip Code	Form (Cash, Check, etc.)				
Reynoldsburg	OH	43068	Check				
Full Name of Contributor							
Shaun James							
Street Address				M	D	Y	Amount
10823 Buckingham Pl.				0	5	06	35-00
City	State	Zip Code	Form (Cash, Check, etc.)				
Powell	OH	43065	Check				
Full Name of Contributor							
Bob Mondt							
Street Address				M	D	Y	Amount
1418 Terry Dr.				0	5	06	35-00
City	State	Zip Code	Form (Cash, Check, etc.)				
Reynoldsburg	OH	43068	Check				
Full Name of Contributor							
Gary Haynes							
Street Address				M	D	Y	Amount
239 Prince of Wales Dr.				0	5	06	50-00
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43230	Check				
Full Name of Contributor							
Gene Hinterschied							
Street Address				M	D	Y	Amount
5856 Thornside Dr.				0	5	06	25-00
City	State	Zip Code	Form (Cash, Check, etc.)				
Calloway	OH	43119	Check				

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

PC. Charles (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 form No. 31-G."

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						
Full Name of Contributor <u>Bill Jewell</u>						
Street Address <u>4925 Annhurst Rd.</u>			M	D	Y	Amount
			<u>06</u>	<u>02</u>	<u>06</u>	<u>70.00</u>
City <u>Columba</u>	State <u>OH</u>	Zip Code <u>43228</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Sally Damcastki</u>						
Street Address <u>9658 Wagonwood Dr.</u>			M	D	Y	Amount
			<u>06</u>	<u>06</u>	<u>06</u>	<u>35.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor						
Street Address						
City			State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor <u>Total of Pages 13 Thru 19</u>						
Street Address <u>Transferred To Form 31-E</u>			M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						
Street Address						
City			State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor						
Street Address						
City			State	Zip Code	Form (Cash, Check, etc.)	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.A. Charles (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 form No. 31-G."