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Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
OFFICE OF ELECTIONS

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>5412 Thornhill Ct.</i>				Office Sought <i>County Auditor</i>		District	
City <i>Grove City</i>				State <i>OH</i>		Zip Code <i>43123</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input checked="" 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

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	\$	<i>29,904.67</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>15,175.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>84.81</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>45,164.48</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>13,889.64</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>31,274.84</i>
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)	\$	<i>349.11</i>
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.	\$	

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*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

1/28/08
Date

Contribution pages *26*

Expenditure pages *5*

Other pages *10*

Total pages *41*

Statement of Contributions Received

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>Contributions From Form 31-E</i>							Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*				Amount	
City	State	Zip Code	M	D	Y	072007 12,390.00		
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	102407 2,785.00		
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		
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				Registration Number, if PAC			
Full Name				M	D	Y	Amount
Address		Type*	State	Zip Code	Form (Cash, Check, etc.)		
Committee for Joseph W. Tesfa							
National City Bank							
155 E. Broad St		IN	OH	43215	0	7	10.87
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	0	8	12.77
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	0	9	13.02
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	1	0	11.61
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	1	1	13.06
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	1	2	11.57
Columbus					NA		
National City Bank							
155 E. Broad St.		IN	OH	43215	0	1	11.91
Columbus					NA		
National City Bank							
					M	D	Y
					Form (Cash, Check, etc.)		Amount

* 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 <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Angie Musselman</i>							M	D	Y	Amount <i>24.63</i>
Address <i>12999 Ridgeway Rd.</i>				Purpose <i>Reimbursement - Supplies</i>						
City <i>Orient</i>		State <i>O H</i>	Zip Code <i>43146</i>	Check Number <i>3592</i>						
To Whom Paid <i>Franklin County Republican Party</i>							M	D	Y	Amount <i>2,000.00</i>
Address <i>14 E. Gay St.</i>				Purpose <i>Contribution</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43215</i>	Check Number <i>3594</i>						
To Whom Paid <i>Citizens for Grossman</i>							M	D	Y	Amount <i>250.00</i>
Address <i>865 Macon Alley</i>				Purpose <i>Contribution</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43206</i>	Check Number <i>3596</i>						
To Whom Paid <i>Creighton for Mayor</i>							M	D	Y	Amount <i>100.00</i>
Address <i>318 23rd St. NW</i>				Purpose <i>Contribution</i>						
City <i>Canton</i>		State <i>O H</i>	Zip Code <i>44709</i>	Check Number <i>3597</i>						
To Whom Paid <i>Crawleys Framing</i>							M	D	Y	Amount <i>192.15</i>
Address <i>1190 Mt. Vernon Ave.</i>				Purpose <i>Plaque</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43203</i>	Check Number <i>3599</i>						
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>410.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43215</i>	Check Number <i>3600</i>						
To Whom Paid <i>2B Printed</i>							M	D	Y	Amount <i>1,097.39</i>
Address <i>70 S. Fourth St.</i>				Purpose <i>Printing</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43215</i>	Check Number <i>3601</i>						
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>164.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>		State <i>O H</i>	Zip Code <i>43215</i>	Check Number <i>3602</i>						

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Joseph W. Testa										
To Whom Paid							M	D	Y	Amount
Kin kos							0	9	1007	32.03
Address				Purpose						
180 N. High St.				Printing						
City		State		Zip Code		Check Number				
Columbus		OH		43215		3603				
To Whom Paid							M	D	Y	Amount
New Century Solutions							0	9	1107	965.00
Address				Purpose						
5466 Cedar Bsh Rd.				Consulting						
City		State		Zip Code		Check Number				
Columbus		OH		43229		3604				
To Whom Paid							M	D	Y	Amount
Navy League of the United States							0	9	1107	100.00
Address				Purpose						
P.O. Box 9531				Contribution						
City		State		Zip Code		Check Number				
Columbus		OH		43209		3605				
To Whom Paid							M	D	Y	Amount
Bar Louie							0	9	2607	349.11
Address				Purpose						
504 N. Park St.				Bill Todd Fundraiser Expenses						
City		State		Zip Code		Check Number				
Columbus		OH		43215		3606				
To Whom Paid							M	D	Y	Amount
Postmaster							1	0	0107	205.00
Address				Purpose						
850 Twin Rivers Dr.				Postage						
City		State		Zip Code		Check Number				
Columbus		OH		43215		3607				
To Whom Paid							M	D	Y	Amount
Cindy Hardy							1	0	0207	91.57
Address				Purpose						
7970 Sethwick Rd.				Reimbursement - Supples						
City		State		Zip Code		Check Number				
Dublin		OH		43016		3608				
To Whom Paid							M	D	Y	Amount
Donatos							1	0	1107	105.00
Address				Purpose						
280 S. Grant				Food - Staff Meetings						
City		State		Zip Code		Check Number				
Columbus		OH		43215		3610				
To Whom Paid							M	D	Y	Amount
Franklin County Republican Party							1	0	2507	3,000.00
Address				Purpose						
14 E. Gray St.				Contribution						
City		State		Zip Code		Check Number				
Columbus		OH		43215		3613				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>123.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbs</i>		State <i>OH</i>		Zip Code <i>43215</i>		Check Number <i>3615</i>				
To Whom Paid <i>Cindy Hardy</i>							M	D	Y	Amount <i>126.93</i>
Address <i>7970 Sethwick Rd.</i>				Purpose <i>Reimbursement - Supplies</i>						
City <i>Dublin</i>		State <i>OH</i>		Zip Code <i>43016</i>		Check Number <i>3616</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				

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>Charles Booher</i>				Registration Number, if PAC	
Street Address <i>3555 Beech Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>100.00</i>
City <i>Johnstown</i>	State <i>OH</i>	Zip Code <i>43031</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Dave Nadolny</i>				Registration Number, if PAC	
Street Address <i>175 Kenbrook Dr.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>50.00</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>Marianne Collins</i>				Registration Number, if PAC	
Street Address <i>423 Hickory Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>250.00</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>Committee for Dewey Stokes</i>				Registration Number, if PAC	
Street Address <i>750 Willow Bend Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>200.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43204</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Ken Borrer</i>				Registration Number, if PAC	
Street Address <i>333 Milan Dr.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>30.00</i>
City <i>Gahanna</i>	State <i>OH</i>	Zip Code <i>43230</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Thomas Tareff</i>				Registration Number, if PAC	
Street Address <i>600 S. High St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>50.00</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>George Sicaras</i>				Registration Number, if PAC	
Street Address <i>2460 N. High St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>07 16 07</i>	Amount <i>100.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43202</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 \$ 780.00

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>					
Full Name of Contributor <u>James Kime</u>				Registration Number, if PAC	
Street Address <u>2550 W. 5th Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 16 07</u>	Amount <u>10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Michael Cua</u>				Registration Number, if PAC	
Street Address <u>5066 Medallion Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 16 07</u>	Amount <u>150.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Matt Mnich</u>				Registration Number, if PAC	
Street Address <u>7895 Silver Lake Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 16 07</u>	Amount <u>250.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mark Arnold</u>				Registration Number, if PAC	
Street Address <u>13435 Milnor Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 18 07</u>	Amount <u>250.00</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 <u>Charles Hill</u>				Registration Number, if PAC	
Street Address <u>800 Aldensgate Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 18 07</u>	Amount <u>200.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>BIA PAC of Central Ohio</u>				Registration Number, if PAC <u>OH 135</u>	
Street Address <u>495 Executive Camps Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 18 07</u>	Amount <u>750.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43082</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ed Havenstein</u>				Registration Number, if PAC	
Street Address <u>2926 E. Mound St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 19 07</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form (Cash, Check, etc.) <u>Check</u>	

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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 \$ 1,760.00

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>Montgomery for Recorder</i>				Registration Number, if PAC				
Street Address <i>865 Macon Alley</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43206</i>	<i>0</i>	<i>7</i>	<i>1</i>	<i>907</i>	<i>350.00</i>
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Griffith & Worth</i>								
Street Address <i>522 N. State St.</i>				Registration Number, if PAC				
City <i>Westerville</i>		State <i>OH</i>	Zip Code <i>43082</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>150.00</i>	
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Central Ohio Realtors PAC</i>								
Street Address <i>2700 Airport Dr.</i>				Registration Number, if PAC				
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>1,000.00</i>	
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Pizzuti PAC</i>								
Street Address <i>Two Miranova Pl.</i>				Registration Number, if PAC				
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>600.00</i>	
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Bricker & Eckler LLP</i>								
Street Address <i>100 S. Third St.</i>				Registration Number, if PAC				
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>150.00</i>	
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Downes, Hurst & Fishel</i>								
Street Address <i>400 S. 5th St.</i>				Registration Number, if PAC				
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>200.00</i>	
Form (Cash, Check, etc.) <i>Check</i>								
Full Name of Contributor <i>Gerald Hinkle</i>								
Street Address <i>P.O. Box 20246</i>				Registration Number, if PAC				
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43220</i>	M	D	Y	Amount	
				<i>0</i>	<i>7</i>	<i>2307</i>	<i>620.00</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 \$ 3,070.00

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

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Committee for Joseph W. Testa								
Full Name of Contributor				Registration Number, if PAC				
George Arnold								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
3020 Dale Ave.				0	7	23	07	150.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43209		Check				
Full Name of Contributor								
A.J. Myers								
Street Address				Registration Number, if PAC				
2463 Bexley Park Rd.								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
2463 Bexley Park Rd.				0	7	23	07	800.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43209		Check				
Full Name of Contributor								
Jeff Miller								
Street Address				Registration Number, if PAC				
6674 Hermitage Dr.								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6674 Hermitage Dr.				0	7	23	07	400.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Westerville	OH	43082		Check				
Full Name of Contributor								
Nelson Kohman								
Street Address				Registration Number, if PAC				
10039 Hollow Rd.								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
10039 Hollow Rd.				0	7	23	07	400.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Parkersburg	OH	43062		Check				
Full Name of Contributor								
Dana Reinhart								
Street Address				Registration Number, if PAC				
300 E. Broad St.								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
300 E. Broad St.				0	7	23	07	200.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43215		Check				
Full Name of Contributor								
Stephen Campbell								
Street Address				Registration Number, if PAC				
8430 Lazelle Village								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
8430 Lazelle Village				0	7	23	07	250.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Lewis Center	OH	43035		Check				
Full Name of Contributor								
Joe Armeni								
Street Address				Registration Number, if PAC				
295 W. 4th Ave.								
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount	
295 W. 4th Ave.				0	7	23	07	200.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43201		Check				

* 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 \$ 2,400.00

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. Tests</u>					
Full Name of Contributor <u>Steven Shepard</u>				Registration Number, if PAC	
Street Address <u>5610 Denden Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 23 07</u>	Amount <u>100.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barbara Lach</u>				Registration Number, if PAC	
Street Address <u>3910 Lyon Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 23 07</u>	Amount <u>30.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43220</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Connor & Behal</u>				Registration Number, if PAC	
Street Address <u>501 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 02 07</u>	Amount <u>200.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>AFPD Ohio PAC</u>				Registration Number, if PAC <u>CP1331</u>	
Street Address <u>30415 W. 13 Mile Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 02 07</u>	Amount <u>150.00</u>
City <u>Farmington Hills</u>	State <u>MI</u>	Zip Code <u>48334</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Charles D. Hill Jr.</u>				Registration Number, if PAC	
Street Address <u>800 Aldersgate Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 06 07</u>	Amount <u>200.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Royer</u>				Registration Number, if PAC	
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 28 07</u>	Amount <u>500.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Rick Lavinsky</u>				Registration Number, if PAC	
Street Address <u>R. Route 1</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 29 07</u>	Amount <u>200.00</u>
City <u>Sugar Grove</u>	State <u>OH</u>	Zip Code <u>43155</u>		Form (Cash, Check, etc.) <u>Check</u>	

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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 \$ 1,380.00

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>Joe Walker</i>				Registration Number, if PAC	
Street Address <i>8210 Chateau Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>0 8 28 07</i>	Amount <i>150.00</i>
City <i>Westerville</i>		State <i>OH</i>	Zip Code <i>43082</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Mike Minister</i>				Registration Number, if PAC	
Street Address <i>65 E. State St</i>		Employer/Occupation/Labor Organization*		M D Y <i>0 9 04 07</i>	Amount <i>200.00</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>Greg Nelson</i>				Registration Number, if PAC	
Street Address <i>15777 Watkins Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>0 9 04 07</i>	Amount <i>200.00</i>
City <i>Mansville</i>		State <i>OH</i>	Zip Code <i>43040</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Art Russo</i>				Registration Number, if PAC	
Street Address <i>105 Preston Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>0 9 11 07</i>	Amount <i>250.00</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				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 <i>Total Employee Contributions From Form 31-G</i>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount <i>2,200.00</i>
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.)	

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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 \$ 3,000.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Joseph W. Testa										
To Whom Paid						M	D	Y	Amount	
Dick's Sporting Goods						0	7	10	07	107.64
Address			Purpose							
1656 Stringtown Rd.			Door Prizes - 7/20 Event							
City		State	Zip Code		Check Number					
Grove City		OH	43123		3587					
To Whom Paid						M	D	Y	Amount	
T.J. Maxx						0	7	10	07	30.40
Address			Purpose							
1707 Stringtown Rd.			Door Prizes - 7/20 Event							
City		State	Zip Code		Check Number					
Grove City		OH	43123		3588					
To Whom Paid						M	D	Y	Amount	
Scholz & Eyr						0	7	18	07	154.23
Address			Purpose							
1558 Parsons Ave			Trophies - 7/20 Event							
City		State	Zip Code		Check Number					
Columbus		OH	43207		3589					
To Whom Paid						M	D	Y	Amount	
Thurns						0	7	19	07	25.80
Address			Purpose							
530 Greelawn Ave.			Supplies - 7/20 Event							
City		State	Zip Code		Check Number					
Columbus		OH	43223		3590					
To Whom Paid						M	D	Y	Amount	
Giant Eagle						0	7	19	07	116.76
Address			Purpose							
2173 Stringtown Rd.			Supplies - 7/20 Event							
City		State	Zip Code		Check Number					
Grove City		OH	43123		3591					
To Whom Paid						M	D	Y	Amount	
Stark & Associates						0	7	23	07	675.31
Address			Purpose							
4448 Broadway			Door Prizes - 7/20 Event							
City		State	Zip Code		Check Number					
Grove City		OH	43123		3593					
To Whom Paid						M	D	Y	Amount	
Foxfire Golf Club						0	7	24	07	3,196.69
Address			Purpose							
10799 St. Route 104			Expenses - 7/20 Event							
City		State	Zip Code		Check Number					
Lockbourne		OH	43137		3595					

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 <u>Committee for Joseph W. Tests</u>						Registration Number, if PAC	
Full Name of Contributor <u>John Haveisen</u>				M D Y		Amount	
Street Address <u>587 Fox Ln.</u>		Employer/Occupation/Labor Organization*		0 9 0 4 0 7		100.00	
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tony Frisora</u>						Registration Number, if PAC	
Full Name of Contributor <u>Tony Frisora</u>				M D Y		Amount	
Street Address <u>1470 Cypresswood Ct</u>		Employer/Occupation/Labor Organization*		1 0 2 4 0 7		35.00	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Barbara Lach</u>						Registration Number, if PAC	
Full Name of Contributor <u>Barbara Lach</u>				M D Y		Amount	
Street Address <u>3910 Lyon Dr.</u>		Employer/Occupation/Labor Organization*		1 0 2 4 0 7		35.00	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43220</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Doug McCloud</u>						Registration Number, if PAC	
Full Name of Contributor <u>Doug McCloud</u>				M D Y		Amount	
Street Address <u>1666 Birdsons Ct.</u>		Employer/Occupation/Labor Organization*		1 0 2 4 0 7		100.00	
City <u>Blacklick</u>		State <u>OH</u>	Zip Code <u>43004</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Blaine Sickles</u>						Registration Number, if PAC	
Full Name of Contributor <u>Blaine Sickles</u>				M D Y		Amount	
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		1 0 2 4 0 7		25.00	
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tom Taneff</u>						Registration Number, if PAC	
Full Name of Contributor <u>Tom Taneff</u>				M D Y		Amount	
Street Address <u>600 S. High St.</u>		Employer/Occupation/Labor Organization*		1 0 2 4 0 7		35.00	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>James O'Block</u>						Registration Number, if PAC	
Full Name of Contributor <u>James O'Block</u>				M D Y		Amount	
Street Address <u>2618 Hoover Crossing</u>		Employer/Occupation/Labor Organization*		1 0 2 5 0 7		70.00	
City <u>Greene City</u>		State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, etc.) <u>Check</u>			

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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 \$ 400.00

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>Pat McGreevy</i>				Registration Number, if PAC	
Street Address <i>1925 Edgemont Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>50.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43212</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Dave White</i>				Registration Number, if PAC	
Street Address <i>5554 Worcester Dr.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</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>Committee for Dewey Stokes</i>				Registration Number, if PAC	
Street Address <i>750 Willow Bend Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>100.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43204</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Teal Oatts</i>				Registration Number, if PAC	
Street Address <i>130 Greenlade Ave</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</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>Carl Christman</i>				Registration Number, if PAC	
Street Address <i>5342 Hawthornden Ct.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 25 07</i>	Amount <i>40.00</i>
City <i>Dublin</i>		State <i>OH</i>	Zip Code <i>43017</i>	Form (Cash, Check, etc.) <i>Cash</i>	
Full Name of Contributor <i>Matt Mich</i>				Registration Number, if PAC	
Street Address <i>7895 Silver Lake Ct.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 26 07</i>	Amount <i>100.00</i>
City <i>Westerville</i>		State <i>OH</i>	Zip Code <i>43082</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Chris Maurer</i>				Registration Number, if PAC	
Street Address <i>1709 Dunbridge Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 26 07</i>	Amount <i>35.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43229</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 \$ 395.00

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>Ed Havenstein</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>2926 E. Mound St.</i>		City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43209</i>	<i>1</i>	<i>0</i>	<i>26</i>	<i>07</i>	<i>50.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>James Kime</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>2550 W. 5TH Ave</i>		City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43204</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>10.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>Celia Forker</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>1942 Stelzer Rd.</i>		City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43219</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>35.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>Nancy Taylor</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>701 Morning St.</i>		City <i>Worthington</i>		State <i>OH</i>	Zip Code <i>43085</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>35.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>Taylor Property Ltd.</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>701 Morning St</i>		City <i>Worthington</i>		State <i>OH</i>	Zip Code <i>43085</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>35.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>Anthony Mollica</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>1601 Bethel Rd.</i>		City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43220</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>35.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						
Full Name of Contributor <i>Roger Blair</i>				Employer/Occupation/Labor Organization*		M	D	Y	Amount	
Street Address <i>4670 Tensweep</i>		City <i>New Albany</i>		State <i>OH</i>	Zip Code <i>43054</i>	<i>1</i>	<i>0</i>	<i>30</i>	<i>07</i>	<i>35.00</i>
Form (Cash, Check, etc.) <i>Check</i>				Registration Number, if PAC						

* 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 \$ 235.00

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>Sam Koon</i>				M D Y		Amount	
Street Address <i>141 E. Town St.</i>		Employer/Occupation/Labor Organization*		<i>103007</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						Registration Number, if PAC	
Street Address				M D Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor <i>Total Employee Contributions From Form 31-G</i>						Registration Number, if PAC	
Street Address				M D Y		Amount <i>1,720.00</i>	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address				M D Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address				M D Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address				M D Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor						Registration Number, if PAC	
Street Address				M D Y		Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			

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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 \$ 1,755.00

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. Testa</i>										
To Whom Paid <i>Grosso's</i>							M	D	Y	Amount <i>247.00</i>
Address <i>961 S. High St.</i>				Purpose <i>Expenses - 10/24 Event</i>						
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43206</i>		Check Number <i>3611</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.

In-Kind Contributions Made

Prescribed by Secretary of State 2/01

Name of Committee in Full		Description of Item or Service		M	D	Y	Fair Market Value
Committee for Joseph W. Tests		Fundraiser Expenses		0	9	26	349.11
Recipient Committee		State		Zip Code			
Committee to Elect Bill Todd		OH		43215			
Address		Description of Item or Service		M	D	Y	Fair Market Value
211 S. Fifth St.							
City		State		Zip Code			
Columbus		OH		43215			
Recipient Committee		Description of Item or Service		M	D	Y	Fair Market Value
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State		Zip Code			
Recipient Committee		Description of Item or Service		M	D	Y	Fair Market Value
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State		Zip Code			
Recipient Committee		Description of Item or Service		M	D	Y	Fair Market Value
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State		Zip Code			
Recipient Committee		Description of Item or Service		M	D	Y	Fair Market Value
Address		Description of Item or Service		M	D	Y	Fair Market Value
City		State		Zip Code			

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 Thornsgate Dr.</i>				M D Y <i>07 18 07</i>	Amount <i>25.00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</i>	Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Vance Cerasini</i>					
Street Address <i>2105 Jodilee Ct.</i>				M D Y <i>07 19 07</i>	Amount <i>150.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43228</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 <i>07 23 07</i>	Amount <i>100.00</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>Ed O. Block</i>					
Street Address <i>5765 Stevens Dr.</i>				M D Y <i>07 23 07</i>	Amount <i>150.00</i>
City <i>Orient</i>	State <i>OH</i>	Zip Code <i>43146</i>	Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Gary Woodward</i>					
Street Address <i>4665 Brixshire Dr.</i>				M D Y <i>07 23 07</i>	Amount <i>150.00</i>
City <i>Hilliard</i>	State <i>OH</i>	Zip Code <i>43026</i>	Form (Cash, Check, etc.) <i>Check</i>		
Full Name of Contributor <i>Kimbol Stroud</i>					
Street Address <i>947 Chara Ln.</i>				M D Y <i>07 23 07</i>	Amount <i>300.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43240</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.

RCA. Chubb (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						
Full Name of Contributor						
Street Address						Amount
City	State	Zip Code	Form (Cash, Check, etc.)			Amount
Committee for Joseph W. Testa						
Tony Frissora						
520 Preservation Ln.						150.00
Gahanna	OH	43230	Check			
Mark Calhoun						
5641 Dorsey Dr.						150.00
Columbus	OH	43235	Check			
George Mance						
P.O. Box 9006						150.00
Columbus	OH	43209	Check			
Susan Bradshaw						
473 Slate Run Dr.						25.00
Powell	OH	43065	Check			
Michelle May						
12283 Cleo Dr.						50.00
Orient	OH	43146	Check			
Ross Chambers						
12364 Thoroughbred Dr.						150.00
Pickerington	OH	43147	Check			

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

PA Chiles (Signature of Treasurer or Deputy Treasurer)

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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>Mary Warden</i>							
Street Address <i>1680 Thrailkill Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 25-00</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>Susan Sharp</i>							
Street Address <i>77 Millstone Circle</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 50-00</i>
City <i>Pataskala</i>	State <i>OH</i>	Zip Code <i>43062</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 25-00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Vicky Anthony</i>							
Street Address <i>2591 Bryton Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 40-00</i>
City <i>Powell</i>	State <i>OH</i>	Zip Code <i>43065</i>		Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Stephanie Philpit</i>							
Street Address <i>1410 Lockbourne Eastern</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 25-00</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>Tim Clipner</i>							
Street Address <i>6438 Logan Rd.</i>				M	D	Y	Amount
				<i>0</i>	<i>7</i>	<i>23</i>	<i>07 50-00</i>
City <i>Powell</i>	State <i>OH</i>	Zip Code <i>43065</i>		Form (Cash, Check, etc.) <i>Cash</i>			

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

[Signature] (Signature of Treasurer or Deputy Treasurer)

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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>Maggie Wilkins</i>							
Street Address <i>3146 Wallingford Ave.</i>				M	D	Y	Amount
				<i>07</i>	<i>23</i>	<i>07</i>	<i>50.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43231</i>		Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Angie Musselman</i>							
Street Address <i>12999 Ridgeway Rd.</i>				M	D	Y	Amount
				<i>07</i>	<i>23</i>	<i>07</i>	<i>35.00</i>
City <i>Orient</i>	State <i>OH</i>	Zip Code <i>43146</i>		Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>John Price</i>							
Street Address <i>505 Whitney Ave.</i>				M	D	Y	Amount
				<i>07</i>	<i>23</i>	<i>07</i>	<i>100.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>		Form (Cash, Check, etc.) <i>Cash</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thornscate Dr.</i>				M	D	Y	Amount
				<i>08</i>	<i>06</i>	<i>07</i>	<i>25.00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Stephanie Philpit</i>							
Street Address <i>1410 Lockbarne Eastern</i>				M	D	Y	Amount
				<i>08</i>	<i>06</i>	<i>07</i>	<i>25.00</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>Susan Bradshaw</i>							
Street Address <i>473 Slate Run Dr.</i>				M	D	Y	Amount
				<i>08</i>	<i>09</i>	<i>07</i>	<i>25.00</i>
City <i>Powell</i>	State <i>OH</i>	Zip Code <i>43065</i>		Form (Cash, Check, etc.) <i>Check</i>			

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

[Signature] (Signature of Treasurer or Deputy Treasurer)

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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>Mary Warden</i>							
Street Address <i>1680 Thrailkill Rd.</i>				M	D	Y	Amount <i>25.00</i>
City <i>Grove City</i>		State <i>OH</i>	Zip Code <i>43123</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thornsgate Dr.</i>				M	D	Y	Amount <i>25.00</i>
City <i>Galloway</i>		State <i>OH</i>	Zip Code <i>43119</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Asantha Shields</i>							
Street Address <i>359 Forestwood Dr.</i>				M	D	Y	Amount <i>100.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43230</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thornsgate Dr.</i>				M	D	Y	Amount <i>25.00</i>
City <i>Galloway</i>		State <i>OH</i>	Zip Code <i>43119</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor							
Street Address				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor <i>Total of Pages 20 Thru 24</i>							
Street Address <i>Forwarded To Form 31-E</i>				M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			

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

Rachel (Signature of Treasurer or Deputy Treasurer)

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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>Chuck Coleman</i>							
Street Address <i>3263 Benbrook Pond Dr</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>1</i>	<i>35.00</i>
City <i>Hilliard</i>		State <i>OH</i>	Zip Code <i>43026</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>1</i>	<i>25.00</i>
City <i>Galloway</i>		State <i>OH</i>	Zip Code <i>43119</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Angie Musselman</i>							
Street Address <i>12999 Ridseway Rd.</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>1</i>	<i>50.00</i>
City <i>Orient</i>		State <i>OH</i>	Zip Code <i>43146</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Margie Betts</i>							
Street Address <i>17621 Commercial Point Rd.</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>2</i>	<i>35.00</i>
City <i>Circleville</i>		State <i>OH</i>	Zip Code <i>43113</i>	Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>John Price</i>							
Street Address <i>505 Whitney Ave.</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>2</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>			
Full Name of Contributor <i>Agatha Shields</i>							
Street Address <i>359 Forestwood Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>0</i>	<i>2</i>	<i>105.00</i>
City <i>Gahanna</i>		State <i>OH</i>	Zip Code <i>43230</i>	Form (Cash, Check, etc.) <i>Check</i>			

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PCA Childs (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Full Name of Contributor							
Street Address				M	D	Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)				
Committee for Joseph W. Testa							
Tony Frissora							
520 Preservation Ln.				1	0	24	70.00
Columbus	OH	43230	Check				
Kimberl Stroud							
947 Chava Ln.				1	0	24	35.00
Columbus	OH	43240	Check				
Ed O'Blocke							
5765 Stevens Dr.				1	0	25	35.00
Orient	OH	43146	Check				
Marj Kruse							
1733 White Rd.				1	0	25	100.00
Grace City	OH	43123	Check				
Cindi Becker							
3046 Better Woods Dr.				1	0	25	35.00
Columbus	OH	43231	Cash				
Ken Perry							
170 Laurel Dr.				1	0	25	70.00
Pataskala	OH	43062	Check				

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[Signature] (Signature of Treasurer or Deputy Treasurer)

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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				M		D		Y		Amount
Committee for Joseph W. Testa				1		02		07		40.00
Full Name of Contributor										
Dana Hushes										
Street Address										
2871 Annabelle Ct										
City		State	Zip Code							
Grace City		OH	43123						Form (Cash, Check, etc.) Cash	
Full Name of Contributor										
Sunny Cataland										
Street Address										
P.O. Box 82111										70.00
City		State	Zip Code							
Columbus		OH	43202						Form (Cash, Check, etc.) Check	
Full Name of Contributor										
Michelle May										
Street Address										
12283 Cleo Dr.										40.00
City		State	Zip Code							
Orient		OH	43146						Form (Cash, Check, etc.) Check	
Full Name of Contributor										
Paula Snyder										
Street Address										
3236 Cairnsorm Dr.										35.00
City		State	Zip Code							
Columbus		OH	43221						Form (Cash, Check, etc.) Check	
Full Name of Contributor										
Vance Cerasini										
Street Address										
2105 Jodilee Ct.										35.00
City		State	Zip Code							
Columbus		OH	43228						Form (Cash, Check, etc.) Check	
Full Name of Contributor										
Pat Becklow										
Street Address										
6567 Senburg Rd.										35.00
City		State	Zip Code							
Westerville		OH	43082						Form (Cash, Check, etc.) Check	

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PA Chubb (Signature of Treasurer or Deputy Treasurer)

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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 Brenda Toops								
Street Address 3424 Arnsby Rd.				M	D	Y	Amount	
				1	0	26	07	35.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbs	OH	43232		Check				
Full Name of Contributor Teri Fowler								
Street Address 7858 Iris Ct.				M	D	Y	Amount	
				1	0	26	07	50.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Canal Winchester	OH	43110		Check				
Full Name of Contributor Laurie Ludlum								
Street Address 1615 Dundae Ct.				M	D	Y	Amount	
				1	0	26	07	35.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43227		Check				
Full Name of Contributor Michelle Clide								
Street Address 13412 W. Bank Dr.				M	D	Y	Amount	
				1	0	26	07	35.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Millersport	OH	43046		Check				
Full Name of Contributor Janie Abraham								
Street Address 2083 Park Run Dr.				M	D	Y	Amount	
				1	0	26	07	35.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Columbus	OH	43220		Check				
Full Name of Contributor Gary Woodward								
Street Address 4665 Brixshie Dr.				M	D	Y	Amount	
				1	0	26	07	35.00
City	State	Zip Code		Form (Cash, Check, etc.)				
Hilliard	OH	43026		Check				

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

DA. Chh (Signature of Treasurer or Deputy Treasurer)

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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>Tina Oliver</i>							
Street Address <i>2649 Patrick Henry Ave.</i>				M	D	Y	Amount
City <i>Columbs</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43207</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Barb Fisher</i>							
Street Address <i>5790 S. Old State</i>				M	D	Y	Amount
City <i>Lewis Center</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43035</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Pete Stevens</i>							
Street Address <i>237 E. Deshler Ave.</i>				M	D	Y	Amount
City <i>Columbs</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43206</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Jane Lenning</i>							
Street Address <i>7791 Strathmoore Rd</i>				M	D	Y	Amount
City <i>Dublin</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43016</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Susan Sharp</i>							
Street Address <i>77 Millstone Circle</i>				M	D	Y	Amount
City <i>Pataskala</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43062</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gary Smith</i>							
Street Address <i>5744 Blacks Rd.</i>				M	D	Y	Amount
City <i>Pataskala</i>				1	0	2607	35-00
State <i>OH</i>		Zip Code <i>43062</i>		Form (Cash, Check, etc.) <i>Check</i>			

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

PA Chub (Signature of Treasurer or Deputy Treasurer)

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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>Carolyn Hauger</i>								
Street Address <i>2065 Wayfaring Dr.</i>					M	D	Y	Amount
City <i>Reynoldsburg</i>					0	H	43068	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	35.00
Full Name of Contributor <i>Shaon James</i>								
Street Address <i>8682 Davington Dr.</i>					M	D	Y	Amount
City <i>Dublin</i>					0	H	43017	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	35.00
Full Name of Contributor <i>Tina Tate</i>								
Street Address <i>6356 Rugosa Ave.</i>					M	D	Y	Amount
City <i>Reynoldsburg</i>					0	H	43068	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	25.00
Full Name of Contributor <i>George Mance</i>								
Street Address <i>P.O. Box 9006</i>					M	D	Y	Amount
City <i>Columbs</i>					0	H	43209	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	35.00
Full Name of Contributor <i>Sally Damcaski</i>								
Street Address <i>9658 Wasarwood Dr.</i>					M	D	Y	Amount
City <i>Pickerington</i>					0	H	43147	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	35.00
Full Name of Contributor <i>Gene Hinterschied</i>								
Street Address <i>5856 Thornsgate Dr.</i>					M	D	Y	Amount
City <i>Galloway</i>					0	H	43119	Form (Cash, Check, etc.) <i>Check</i>
Form (Cash, Check, etc.) <i>Check</i>					1	0	2607	25.00

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[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>Ross Chambers</i>							
Street Address <i>12364 Thoroughbred Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>03</i>	<i>07</i>	<i>50.00</i>
City <i>Pickerington</i>	State <i>OH</i>	Zip Code <i>43147</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Pat Smith</i>							
Street Address <i>833 S. 3rd St.</i>				M	D	Y	Amount
				<i>1</i>	<i>12</i>	<i>07</i>	<i>50.00</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>Cindy Hardy</i>							
Street Address <i>2970 Sethwick Rd.</i>				M	D	Y	Amount
				<i>1</i>	<i>12</i>	<i>07</i>	<i>35.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>12</i>	<i>07</i>	<i>25.00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>22</i>	<i>07</i>	<i>25.00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</i>		Form (Cash, Check, etc.) <i>Check</i>			
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thorngate Dr.</i>				M	D	Y	Amount
				<i>1</i>	<i>22</i>	<i>07</i>	<i>25.00</i>
City <i>Galloway</i>	State <i>OH</i>	Zip Code <i>43119</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.

Pat Chamber (Signature of Treasurer or Deputy Treasurer)

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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>Total of Pages 25 Thru 31</i>			
Street Address <i>Forwarded To Form 31-E</i>		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount
Full Name of Contributor		Form (Cash, Check, etc.)	
Street Address		M	D
City	State	Y	Amount

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R. C. Chubb (Signature of Treasurer or Deputy Treasurer)

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