

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

09 JUL 30 AM 11:05

FRANKLIN COUNTY

Full Name of Committee <i>Committee for Joseph W. Testa</i>						Registration Number, if PAC/ ELECTION BOARD	
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	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Semiannual <i>2009</i>		
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

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>46,053.34</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>250.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>48.48</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>46,351.82</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>3,126.23</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>43,225.59</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)	\$	
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
Print Name and Title (Treasurer and Deputy Treasurer only)

DACh
Signature

7/17/09
Date

Contribution pages 3

Expenditure pages 3

Other pages 7

Total pages 13

Statement of Other Income

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 <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>02 09 09</i>		Amount <i>12.44</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>03 09 09</i>		Amount <i>10.98</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>04 09 09</i>		Amount <i>8.11</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>05 09 09</i>		Amount <i>5.64</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>06 08 09</i>		Amount <i>5.38</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		Form (Cash, Check, etc.) <i>NA</i>		
Full Name <i>National City Bank</i>							Registration Number, if PAC	
Address <i>155 E. Broad St.</i>		Type* <i>IN</i>		M D Y <i>07 09 09</i>		Amount <i>5.93</i>		
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</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.)		

* 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	1	07	09	53.27
Address				Purpose							
12999 Ridgeway Rd.				Reimbursement - Cards							
City			State	Zip Code	Check Number						
Orient			OH	43146	3680						
To Whom Paid							M	D	Y	Amount	
Cindy Hardy							0	1	07	09	144.19
Address				Purpose							
7970 Sethwick Rd.				Reimbursement - Supplies							
City			State	Zip Code	Check Number						
Dublin			OH	43017	3681						
To Whom Paid							M	D	Y	Amount	
Franklin County Forum							0	22	7	09	25.00
Address				Purpose							
1852 Lakeview Ave.				Luncheon Tickets							
City			State	Zip Code	Check Number						
Columbus			OH	43224	3682						
To Whom Paid							M	D	Y	Amount	
Ohio Ethics Commission							0	3	12	09	40.00
Address				Purpose							
8 E. Long St.				Filing Fee							
City			State	Zip Code	Check Number						
Columbus			OH	43215	3683						
To Whom Paid							M	D	Y	Amount	
F.O.P. Lodge #9							0	3	24	09	50.00
Address				Purpose							
6800 Schroack Hill Ct.				Contribution							
City			State	Zip Code	Check Number						
Columbus			OH	43229	3684						
To Whom Paid							M	D	Y	Amount	
M:luets							0	4	08	09	200.00
Address				Purpose							
250 E. Broad St.				Tickets - Armed Forces Luncheon							
City			State	Zip Code	Check Number						
Columbus			OH	43215	3685						
To Whom Paid							M	D	Y	Amount	
Bexley Lions							0	4	08	09	75.00
Address				Purpose							
2926 E. Mound St.				Ad							
City			State	Zip Code	Check Number						
Columbus			OH	43209	3686						
To Whom Paid							M	D	Y	Amount	
Angie Musselman							0	4	17	09	74.18
Address				Purpose							
12999 Ridgeway Rd.				Reimbursement - Supplies							
City			State	Zip Code	Check Number						
Orient			OH	43146	3687						

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. Testa							04	18	09	149.43
Address				Purpose						
2321 Taylor Park Dr.				Supplies						
City			State	Zip Code		Check Number				
Reynoldsburg			OH	43068		3688				
To Whom Paid							M	D	Y	Amount
Cindy Hardy							04	20	09	294.81
Address				Purpose						
7970 Sethwick Rd.				Reimbursement-Supplies						
City			State	Zip Code		Check Number				
Dublin			OH	43017		3689				
To Whom Paid							M	D	Y	Amount
Cindy Hardy							05	05	09	189.69
Address				Purpose						
7970 Sethwick Rd.				Reimbursement-Supplies						
City			State	Zip Code		Check Number				
Dublin			OH	43017		3690				
To Whom Paid							M	D	Y	Amount
Postmaster							05	12	09	22.00
Address				Purpose						
850 Twin Rivers Dr.				Postage						
City			State	Zip Code		Check Number				
Columbus			OH	43215		3691				
To Whom Paid							M	D	Y	Amount
Angie Musselman							06	05	09	24.66
Address				Purpose						
12999 Ridgeway Rd.				Reimbursement-Supplies						
City			State	Zip Code		Check Number				
Orient			OH	43146		3692				
To Whom Paid							M	D	Y	Amount
Citizens for Grossman							06	15	09	80.00
Address				Purpose						
865 Macen Alley				Contribution						
City			State	Zip Code		Check Number				
Columbus			OH	43206		3693				
To Whom Paid							M	D	Y	Amount
Postmaster							06	15	09	44.00
Address				Purpose						
850 Twin Rivers Dr.				Postage						
City			State	Zip Code		Check Number				
Columbus			OH	43215		3694				
To Whom Paid							M	D	Y	Amount
Kasich for Ohio 40 Brad Smith							06	29	09	1,000.00
Address				Purpose						
14 E. Gay St.				Contribution						
City			State	Zip Code		Check Number				
Columbus			OH	43215		3695				

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>660.00</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>3696</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				

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>							
Full Name of Contributor <i>Gene Hinterschied</i>							
Street Address <i>5856 Thornsgate Dr.</i>				M	D	Y	Amount
				<i>0</i>	<i>20</i>	<i>09</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 Thornsgate Dr.</i>							
				M	D	Y	Amount
				<i>0</i>	<i>20</i>	<i>09</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 Thornsgate Dr.</i>							
				M	D	Y	Amount
				<i>0</i>	<i>30</i>	<i>09</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 Thornsgate Dr.</i>							
				M	D	Y	Amount
				<i>0</i>	<i>30</i>	<i>09</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 Thornsgate Dr.</i>							
				M	D	Y	Amount
				<i>0</i>	<i>40</i>	<i>09</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 Thornsgate Dr.</i>							
				M	D	Y	Amount
				<i>0</i>	<i>40</i>	<i>09</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. Tests, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

DA Chh (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>Gene Hinterschied</u>							
Street Address <u>5856 Thornsgate Dr.</u>				M	D	Y	Amount
City <u>Galloway</u>				<u>0</u>	<u>5</u>	<u>09</u>	<u>25.00</u>
State <u>OH</u>		Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thornsgate Dr.</u>							
City <u>Galloway</u>				M	D	Y	Amount
State <u>OH</u>				<u>0</u>	<u>5</u>	<u>09</u>	<u>25.00</u>
Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thornsgate Dr.</u>							
City <u>Galloway</u>				M	D	Y	Amount
State <u>OH</u>				<u>0</u>	<u>5</u>	<u>09</u>	<u>25.00</u>
Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thornsgate Dr.</u>							
City <u>Galloway</u>				M	D	Y	Amount
State <u>OH</u>				<u>0</u>	<u>5</u>	<u>09</u>	<u>25.00</u>
Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor							
Street Address							
City				M	D	Y	Amount
State							
Zip Code		Form (Cash, Check, etc.)					
Full Name of Contributor							
Street Address							
City				M	D	Y	Amount
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. Tests, 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."