

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>Cindi Becker</u>					
Street Address <u>3046 Better Woods</u>				M <u>09</u>	D <u>25</u>
City <u>Columbus</u>				Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>		Zip Code <u>43231</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ferri Ritchie</u>					
Street Address <u>6 W. Race St.</u>				M <u>09</u>	D <u>25</u>
City <u>Mechanicsburg</u>				Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>		Zip Code <u>43044</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Kimberl Stroud</u>					
Street Address <u>947 Chava Ln.</u>				M <u>09</u>	D <u>25</u>
City <u>Columbus</u>				Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>		Zip Code <u>43240</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mary Warden</u>					
Street Address <u>1680 Thrailkill Rd.</u>				M <u>09</u>	D <u>25</u>
City <u>Grove City</u>				Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>		Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barb Fisher</u>					
Street Address <u>3586 West Bay Circle</u>				M <u>09</u>	D <u>25</u>
City <u>Lewis Center</u>				Y <u>06</u>	Amount <u>100.00</u>
State <u>OH</u>		Zip Code <u>43035</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Shaon Evaline</u>					
Street Address <u>2350 Demarest Rd.</u>				M <u>09</u>	D <u>25</u>
City <u>Grove City</u>				Y <u>06</u>	Amount <u>35.00</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. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

DLA. Chaudhary (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."