

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>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>4</u>	Y <u>28</u>	Amount <u>25.00</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>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>5</u>	Y <u>12</u>	Amount <u>25.00</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>Vance Cerasini</u>							
Street Address <u>2105 Jodilee Ct.</u>				M <u>0</u>	D <u>5</u>	Y <u>16</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43228</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Cindi Becker</u>							
Street Address <u>3046 Batten Woods Dr.</u>				M <u>0</u>	D <u>5</u>	Y <u>24</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43231</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Kimberl Stroud</u>							
Street Address <u>947 Chara Lane</u>				M <u>0</u>	D <u>5</u>	Y <u>24</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43240</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Angie Musselman</u>							
Street Address <u>12999 Ridgeway Rd.</u>				M <u>0</u>	D <u>5</u>	Y <u>24</u>	Amount <u>35.00</u>
City <u>Orient</u>	State <u>OH</u>	Zip Code <u>43146</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.

[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."