

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>Beckie Knore</u>							
Street Address <u>5410 Harlem Rd.</u>				M	D	Y	Amount <u>35-00</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</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 50 Thru 57</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.)				
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.
[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."