

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 Thorngate Dr.</u>				M D Y Amount <u>072705</u> <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>Mari Kruse</u>				
Street Address <u>1733 White Rd.</u>				M D Y Amount <u>072705</u> <u>100.00</u>
City <u>Grave City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Tony Frissora</u>				
Street Address <u>733 Schyler Ct.</u>				M D Y Amount <u>072705</u> <u>150.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sharon James</u>				
Street Address <u>10823 Buckingham Pl.</u>				M D Y Amount <u>080405</u> <u>50.00</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gene Hinterschied</u>				
Street Address <u>5856 Thorngate Dr.</u>				M D Y Amount <u>080505</u> <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>Sunny Cataland</u>				
Street Address <u>P.O. Box 82111</u>				M D Y Amount <u>081705</u> <u>125.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43202</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. Tests, who currently holds the public office

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

DA. Charles (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."