

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>Mary Kruse</u>							
Street Address <u>1733 White Rd.</u>				M <u>0</u>	D <u>3</u>	Y <u>1606</u>	Amount <u>200.00</u>
City <u>Grace City</u>	State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Mark Calhoun</u>							
Street Address <u>5641 Dorsey Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>1606</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43235</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Carolyn Hager</u>							
Street Address <u>2065 Wayfarer Way</u>				M <u>0</u>	D <u>3</u>	Y <u>1606</u>	Amount <u>150.00</u>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gary Woodward</u>							
Street Address <u>4665 Brixshire Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>1606</u>	Amount <u>75.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Ross Chambers</u>							
Street Address <u>12364 Thornhurst Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>2006</u>	Amount <u>150.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorsgate Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>2006</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>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public officeof County Auditor. I hereby affirm that each contribution was voluntarily made.R.A. Chamber (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."