

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>Tina Oliver</u>							
Street Address <u>2649 Patrick Henry Ave.</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43207</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Barb Fisher</u>							
Street Address <u>5790 S. Old State</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Lewis Center</u>	State <u>OH</u>	Zip Code <u>43035</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Pete Stevens</u>							
Street Address <u>237 E. Deshler Ave.</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Jane Lenning</u>							
Street Address <u>7791 Strathmoore Rd</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43016</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Susan Sharp</u>							
Street Address <u>77 Millstone Circle</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Patauskala</u>	State <u>OH</u>	Zip Code <u>43062</u>	Form (Cash, Check, etc.) <u>Check</u>				
Full Name of Contributor <u>Gary Smith</u>							
Street Address <u>5744 Blacks Rd.</u>				M <u>1</u>	D <u>0</u>	Y <u>2</u>	Amount <u>35-00</u>
City <u>Patauskala</u>	State <u>OH</u>	Zip Code <u>43062</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 Candy Auditor. I hereby affirm that each contribution was voluntarily made.

1201 Chub (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."