

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full					en e	<u> </u>			
Committee for Joseph W. Testa									
Full Name of Contributor									
Beckie Knore									
Full Name of Contributor  Beckie Knore  Street Address  5410 Harlan Rd.  City  Went Albany  Full Name of Contributor  City  City  Albany  Full Name of Contributor					M 1 0	D			Amount 35-00
City	Sta	te	Zip Code	Fo	orm (C	Cash, C	heck, et	c.)	35-00
New Albany	Ö	fred	43054			he			
Full Name of Contributor									
Co., A.I.I.									
Street Address					M	b	Y		Amount
City	Sta	te	Zip Code	Fo	m (C	Cash, C	neck, et	c.)	
Full Name of Contributor		A. Sector							
Total of Pages 50 T	ha	<u> </u>							
Full Name of Contributor  Total of Pages 50 T  Street Address  Transferred To For		3	f sides - Gardinary		M	D	Y		Amount
City	Sta	te	Zip Code	Fo	rm (C	Cash, C	neck, et	c.)	
Full Name of Contributor	 								
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Full Name of Contributor	( <del>)                                    </del>								
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Full Name of Contributor									
Street Address					M	D	Y		Amount
City	Sta	te	Zip Code	F	orm (	 Cash, C	heck, e	tc.)	
			Lawrence 1 1 Augustination						
The above are employees of a unit or department under the direct supervision and control of Joseph W. Tester, who currently holds the public office									
of County And the . I hereby affirm that each co	ntribution	n was volu	intarily made.						
(Signature of Treasurer or I	Denuty Ti	reacuter)							

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 No. 31-G."

Page Total \$ 35-00