

# 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>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>8</u>	Y <u>06</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>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thorngate Dr.</u>				M <u>0</u>	D <u>8</u>	Y <u>06</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>			
Full Name of Contributor <u>Michelle Click</u>							
Street Address <u>5738 Blendbrook Ln.</u>				M <u>0</u>	D <u>8</u>	Y <u>06</u>	Amount <u>35.00</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>Chris Holdrieth</u>							
Street Address <u>5347 Chowning Way</u>				M <u>0</u>	D <u>8</u>	Y <u>06</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</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>0</u>	D <u>8</u>	Y <u>06</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>Kimbal Stroud</u>							
Street Address <u>947 Cham Ln.</u>				M <u>0</u>	D <u>8</u>	Y <u>06</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43240</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 County Auditor. I hereby affirm that each contribution was voluntarily made.

R. A. Chubb (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."