## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Connitice for Joseph W. Testa		
Full Name of Contributor	180 ta	
Masgie Wilkins Street Address		
Street Address		M D Y Amount
3146 Wallingtond Ave.	Sta te Zip Code	07230750-00 Form (Cash, Check, etc.)
City Colmbs	O H 43231	Cas.L
Full Name of Contributor		
Ansie Musselman Street Address		
Street Address		M D Y Amount
12999 Ridseway Rd.		072307 35.00
Orient	State Zip Code  O H 43/46	Form (Cash, Check, etc.)
Full Name of Contributor		
John Price		
Street Address		M D Y Amount
505 Whitney Ave.	·	072307 100-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Worthington	0 H 43085	Cash
Full Name of Contributor		
Street Address		M D Y Amount
5856 Thornsate Dr.		080607 25-00
City	State Zip Code	Form (Cash, Check, etc.)
Calloway	0 H 43119	Check
Stephanie Philat		
Street Address		M D Y Amount
1410 Lockbarne Eastern		080607 25-00
City / / //	State Zip Code  O H 43103	Form (Cash, Check, etc.)
Full Name of Contributor	0 A 75103	
Susan Bradshaw		
Street Address		M D Y Amount
473 Slate Run Dr.		080907 25-00
City	Stal te Zip Code	Form (Cash, Check, etc.)
Youel1	0 H 43065	Check
The above are employees of a unit or department under the direct supervision and control of		
of Carefy And: for. I hereby affirm that each contribution was voluntarily made.		
(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 No. 31-G."