Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			The state of the s	16 1 1 1 1 1 1 1 1		***************************************
Name of Committee in Full Committee & Joseph W. Full Name of Contributor	7-	. 1				
Full Name of Contributor	,	S 14	ر در در در این در در این این در در این این در			
Asatha Shields Street Address						
Street Address					M D Y	Amount
359 Forestwood Dr.					092606	
City	Sta		Zip Code 43230		Form (Cash, Check, etc.)	
Full Name of Contributor	0	71	43230		Check	
Ten: Fowler						
Street Address					M D Y	Amount
7858 Ins Ct.					092806	
City	Sta		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor	0	H	43110	un di budadia e	Check	
Street Address					M- D- Y-	Amount
P.O. Box 9006					092806	35-00
City	Sta	_	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor	0	H	43209		WAS A SECTOR	
Chris Holdricth						
Street Address					M D Y	Amount
5547 Chousing Way					092806	70.00
City	Sta	te —	Zip Code 43213		Form (Cash, Check, etc.)	
Full Name of Contributor		<i>-</i>	ر استرب			
Vance Cerasini						
Street Address		c			M D Y	Amount
2105 Jodike Ct.			r 		092806	
City	Sta	l .	Zip Code 4-3228		Form (Cash, Check, etc.)	
Full Name of Contributor	0	<i>f</i>	TOLLE		Check	
Frie Taylor						
Street Address					M D Y	Amount
822 Lindenhaven Kd			7.0.1		092800	35-00
City	Sta	1e	Zip Code 43230		Form (Cash, Check, etc.)	
Vahana	,				<u> </u>	
The above are employees of a unit or department under the direct supervision and control of Oaseph W. Testa, who currently holds the public office						
of Canty At S. to. I hereby affirm that each contribution was voluntarily made.						

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."