

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tests</u>					
Full Name of Contributor <u>Gene Hinterschied</u>					
Street Address <u>5856 Thorngate Dr.</u>				M <u>05</u>	D <u>05</u>
City <u>Galloway</u>				Y <u>09</u>	Amount <u>25.00</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>05</u>	D <u>05</u>
City <u>Galloway</u>				Y <u>09</u>	Amount <u>25.00</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>05</u>	D <u>26</u>
City <u>Galloway</u>				Y <u>09</u>	Amount <u>25.00</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>05</u>	D <u>26</u>
City <u>Galloway</u>				Y <u>09</u>	Amount <u>25.00</u>
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Full Name of Contributor					
Street Address				M	D
City				Y	Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
State		Zip Code		Form (Cash, Check, etc.)	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Tests, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

DA 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."