

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>Vance Cerasini</u>							
Street Address <u>2105 Jodilee Ct.</u>				M <u>08</u>	D <u>05</u>	Y <u>08</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43228</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>John Price</u>							
Street Address <u>505 Whitney Ave.</u>				M <u>08</u>	D <u>05</u>	Y <u>08</u>	Amount <u>100.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Mary Kruse</u>							
Street Address <u>1733 White Rd.</u>				M <u>08</u>	D <u>05</u>	Y <u>08</u>	Amount <u>150.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tony Frissora</u>							
Street Address <u>520 Preservation Ln.</u>				M <u>08</u>	D <u>06</u>	Y <u>08</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Ken Perry</u>							
Street Address <u>170 Laurel Dr.</u>				M <u>08</u>	D <u>06</u>	Y <u>08</u>	Amount <u>100.00</u>
City <u>Portaskala</u>	State <u>OH</u>	Zip Code <u>43062</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Todd Lilly</u>							
Street Address <u>2852 Hampton Rd.</u>				M <u>08</u>	D <u>07</u>	Y <u>08</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</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.

RACH (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."