## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Name of Committee in Full Committee for Joseph W. Teste Full Name of Contributor		
Full Name of Contributor	- , , es ;e	
Ter: Fauler		
Street Address		M D Y Amount
7858 Ins Ct.		052506 40-00
City	State Zip Code	Form (Cash, Check, etc.)
Conal Winchester	OH 43110	Check
Susan Sharp		
Street Address		M D Y Amount
77 Millstone Circle		052506 35-00
City Patas Kala	Sta te Zip Code C+3062	Form (Cash, Check, etc.)
Full Name of Contributor		
Street Address Woodward		
Street Address (4665 Brixshine Dr.		0 5 2 5 0 6 35 - 00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Hilliand	0 H 43026	Check
Full Name of Contributor  Ken Perry		
Street Address		M D Y Amount
170 Lavrel Dr.		052506 70.00
Pataskala	Sta te   Zip Code   43062	Form (Cash, Check, etc.)
Full Name of Contributor	The state of the s	
Carolyn Hayer		
Street Address 2065 Way Faving Dr.		0 5 2 5 0 6 70,06
City	Staite Zip Code	Form (Cash, Check, etc.)
Remoldsby	0 H 43068	Check
Full Name of Contributor		
Street Address	· · · · · · · · · · · · · · · · · · ·	M D Y Amount
6889 Lott Rd.	•	052506 70.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Intry	04 43074	Check
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 Carly Ad: to . I hereby affirm that each contribution was voluntarily made.		
$\overline{\mathcal{O}}$		
(Signature of Treasurer or I	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."