

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>Total of Pages 25 Thru 28</u>			
Street Address <u>Transferred To Form 31-E</u>			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
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Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	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.

[Signature] (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."