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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								
Cross Address					л Л	D	Ϋ́	Amount
Street Address P. O. Box 9006 State 17in Code					1 1	1 1	1	50-00
City	Sta		Zip Code	Fo	rm (Ca	sh, Chec	k, etc.)	100
Colombia	0	1-1	43209			Kec/		
Full Name of Contributor								
Street Address						D	Y	Amount
City	Sta	te	Zip Code	Fo	rm (Ca	sh, Chec	k, etc.)	
Full Name of Contributor Total of Pases 23		-1,-	· 27			, il		
Full Name of Contributor Total of Pases 23 Street Address Transferred To Fo City	·	31		N		D	Y	Amount
City	Sta	te	Zip Code	Fo	mı (Ca	sh, Chec	k, etc.)	
Full Name of Contributor								
Street Address						D	Y	Amount
City	Sta	te	Zip Code	Fo	rm (Ca	sh, Chec	k, etc.)	
Full Name of Contributor .								
Street Address					M	D	Y	Amount
City ·	Sta	te	Zip Code	Fo	rm (C	ash, Cheo	k, etc.)	
Full Name of Contributor								
Street Address					М	D		Amount
City	Sta	te	Zip Code	Fo	orm (C	ash, Che	ck, etc.)	
The above are employees of a unit or department under the direct supervision and control of Seph W. Teste, , who currently holds the public office of Control of And terms. I hereby affirm that each contribution was voluntarily made.								
120 Chi (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 No. 31-G."