

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>Michelle Click</u>							
Street Address <u>5738 Blendenbrook Ln.</u>				M <u>0</u>	D <u>3</u>	Y <u>06</u>	Amount <u>75.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>							
Street Address <u>5856 Thomgate Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>07</u>	Amount <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chris Holdrieth</u>							
Street Address <u>5547 Channing Way.</u>				M <u>0</u>	D <u>3</u>	Y <u>14</u>	Amount <u>75.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chuck Coleman</u>							
Street Address <u>3263 Benbrook Pond Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>14</u>	Amount <u>40.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chuck Coleman</u>							
Street Address <u>3263 Benbrook Pond Dr.</u>				M <u>0</u>	D <u>3</u>	Y <u>14</u>	Amount <u>35.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</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>0</u>	D <u>3</u>	Y <u>14</u>	Amount <u>150.00</u>
City <u>Patauskala</u>	State <u>OH</u>	Zip Code <u>43062</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.

Pat A. Chalmers (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."