

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>Gene Hinterschied</u>				
Street Address <u>5856 Thorngate Dr.</u>				M D Y Amount <u>112006 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>Gene Hinterschied</u>				
Street Address <u>5856 Thorngate Dr.</u>				M D Y Amount <u>112006 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>Gene Hinterschied</u>				
Street Address <u>5856 Thorngate Dr.</u>				M D Y Amount <u>120106 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>Gene Hinterschied</u>				
Street Address <u>5856 Thorngate Dr.</u>				M D Y Amount <u>120806 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				
Street Address				M D Y Amount
City	State	Zip Code		Form (Cash, Check, etc.)
Full Name of Contributor <u>Total of Page 18</u>				
Street Address <u>Transferred To Form 31-A.</u>				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. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

R.A. Chisholm (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."