Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full	A CONTRACTOR OF THE CONTRACTOR		
Full Name of Contributor	1. Test		
Full Name of Contributor			
Street Address			
	· ·	MDY	Amount
S856 Thomsete Dr.	Sta te Zip Code	1 2 1 3 0 5 Form (Cash, Check, etc.)	20-00
(// // / / / / / / / / / / / / / / / /	0 H 43/19	Check	
Full Name of Contributor			Section 1985
bere Hinterschied			
Street Address		1 1 1 1 1 1 1	Amount
5856 Thomsate Dr	Stal te Zip Code	/ 2 3 0 0 5 Form (Cash, Check, etc.)	25-00
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Full Name of Contributor	- 1, 1		
Street Address			
			Amount
5856 Thomsate Un	Stal te Zip Code	O 1 1 1 0 6 Form (Cash, Check, etc.)	25-00
(//	0 H 43/19	Check	
Full Name of Contributor			
Ansie Mosselman			
			Amount
12999 Kidseway Kd.	Stel to Trin Code	0 1 1 9 0 6 Form (Cash, Check, etc.)	25-00
Orient	State Zip Code OH 43/46	Check etc.)	
Full Name of Contributor	V / 751 TO		
Cone Hinterschied			
Street Address		M D Y	Amount
5856 Thorngate U.	C	012006	25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Chack	
Total of Page			
Street Address		M D Y	Amount
lasterned to for.	~ 31-1c		
City	Stal te Zip Code	Form (Cash, Check, etc.)	
		1	
The above are employees of a unit or department under the direct supervision and control of Oseph W. Test, who currently holds the public office			
of Confidence . I hereby affirm that each contribution was voluntarily made.			
(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."

Page Total \$ 125-0