

# 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>Mary Warden</u>				
Street Address <u>1680 Thrailkill Rd.</u>				M   D   Y   Amount <u>081707</u>   <u>25.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gene Hinterschized</u>				
Street Address <u>5856 Thorngate Dr.</u>				M   D   Y   Amount <u>082007</u>   <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>Arcatha Shields</u>				
Street Address <u>359 Forestwood Dr.</u>				M   D   Y   Amount <u>090407</u>   <u>100.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gene Hinterschized</u>				
Street Address <u>5856 Thorngate Dr.</u>				M   D   Y   Amount <u>090407</u>   <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				
Street Address				M   D   Y   Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor <u>Total of Pages 20 Thru 24</u>				
Street Address <u>Forwarded To Form 31-E</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. Chub (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."