

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>Gary Woodward</u>					
Street Address <u>4665 Brixshire Dr</u>				M <u>0</u>	D <u>4</u>
City <u>Hilliard</u>				Y <u>08</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Carolyn Hanger</u>					
Street Address <u>2065 Wayfaring Dr.</u>				M <u>0</u>	D <u>4</u>
City <u>Reynoldsburg</u>				Y <u>08</u>	Amount <u>150.00</u>
State <u>OH</u>		Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Pat Bucklew</u>					
Street Address <u>6567 Sunbury Rd.</u>				M <u>0</u>	D <u>4</u>
City <u>Westerville</u>				Y <u>08</u>	Amount <u>150.00</u>
State <u>OH</u>		Zip Code <u>43082</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Susan Sharp</u>					
Street Address <u>77 Millstone Circle</u>				M <u>0</u>	D <u>4</u>
City <u>Pataskala</u>				Y <u>08</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43062</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>4</u>
City <u>Hilliard</u>				Y <u>08</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Laurie Ludlum</u>					
Street Address <u>1615 Dunlee Ct.</u>				M <u>0</u>	D <u>4</u>
City <u>Columbus</u>				Y <u>08</u>	Amount <u>75.00</u>
State <u>OH</u>		Zip Code <u>43227</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.

TRA 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."