

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>Tina Tate</u>							
Street Address <u>6356 Ryasa Ave.</u>				M <u>0</u>	D <u>9</u>	Y <u>1806</u>	Amount <u>35-00</u>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Mona Aswad</u>							
Street Address <u>852 Tamara Dr.</u>				M <u>0</u>	D <u>9</u>	Y <u>1806</u>	Amount <u>50-00</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>Julie Dixon</u>							
Street Address <u>1567 Glenn Ave.</u>				M <u>0</u>	D <u>9</u>	Y <u>2206</u>	Amount <u>35-00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43212</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Michelle Wolfe</u>							
Street Address <u>1269 Farcharm Dr.</u>				M <u>0</u>	D <u>9</u>	Y <u>2206</u>	Amount <u>35-00</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Shaon James</u>							
Street Address <u>8682 Davington Dr.</u>				M <u>0</u>	D <u>9</u>	Y <u>2506</u>	Amount <u>35-00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Elizabeth Ordrey</u>							
Street Address <u>9147 Constitution Ave.</u>				M <u>0</u>	D <u>9</u>	Y <u>2506</u>	Amount <u>35-00</u>
City <u>Orient</u>	State <u>OH</u>	Zip Code <u>43146</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.

R.A. Chanku (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."