

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>Elizabeth Ondrey</u>				
Street Address <u>9147 Constitution Ave.</u>			M <u>08</u>	D <u>30</u>
City <u>Orient</u>			Y <u>06</u>	Amount <u>70.00</u>
State <u>OH</u>	Zip Code <u>43146</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Eric Taylor</u>				
Street Address <u>822 Lindenhaven Rd.</u>			M <u>08</u>	D <u>30</u>
City <u>Gahanna</u>			Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sally Damcaski</u>				
Street Address <u>9658 Wagonwood Dr.</u>			M <u>08</u>	D <u>30</u>
City <u>Pickerington</u>			Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>	Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Pete Stevens</u>				
Street Address <u>237 E. Deshler Ave.</u>			M <u>08</u>	D <u>31</u>
City <u>Columbus</u>			Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>	Zip Code <u>43206</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Bill Jewell</u>				
Street Address <u>4925 Annhurst Rd.</u>			M <u>08</u>	D <u>31</u>
City <u>Columbus</u>			Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>	Zip Code <u>43228</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Kristi Schaffer</u>				
Street Address <u>3539 Spring Branch Dr.</u>			M <u>08</u>	D <u>31</u>
City <u>Grove City</u>			Y <u>06</u>	Amount <u>35.00</u>
State <u>OH</u>	Zip Code <u>43123</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.

1201 Charles (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."