

# Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

|                                                                   |                    |                          |                                          |   |   |   |                        |
|-------------------------------------------------------------------|--------------------|--------------------------|------------------------------------------|---|---|---|------------------------|
| Name of Committee in Full<br><u>Committee for Joseph W. Testa</u> |                    |                          |                                          |   |   |   |                        |
| Full Name of Contributor<br><u>Gene Hinterschied</u>              |                    |                          |                                          |   |   |   |                        |
| Street Address<br><u>5856 Thorngate Dr.</u>                       |                    |                          |                                          | M | D | Y | Amount<br><u>25.00</u> |
| City<br><u>Gallaway</u>                                           | State<br><u>OH</u> | Zip Code<br><u>43119</u> | Form (Cash, Check, etc.)<br><u>Check</u> |   |   |   |                        |
| Full Name of Contributor<br><u>Gene Hinterschied</u>              |                    |                          |                                          |   |   |   |                        |
| Street Address<br><u>5856 Thorngate Dr.</u>                       |                    |                          |                                          | M | D | Y | Amount<br><u>25.00</u> |
| City<br><u>Gallaway</u>                                           | State<br><u>OH</u> | Zip Code<br><u>43119</u> | Form (Cash, Check, etc.)<br><u>Check</u> |   |   |   |                        |
| Full Name of Contributor<br><u>Gene Hinterschied</u>              |                    |                          |                                          |   |   |   |                        |
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| Full Name of Contributor                                          |                    |                          |                                          |   |   |   |                        |
| Street Address                                                    |                    |                          |                                          | M | D | Y | Amount                 |
| City                                                              | State              | Zip Code                 | Form (Cash, Check, etc.)                 |   |   |   |                        |
| Full Name of Contributor<br><u>Transfer of Pages 28 Thru 34</u>   |                    |                          |                                          |   |   |   |                        |
| Street Address<br><u>Transferred 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 Cos. Auditor. I hereby affirm that each contribution was voluntarily made.

RAICH (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."