Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Name of Committee in Full Connitee for Joseph L Full Name of Contributor	V. Teste	·
Full Name of Contributor		
Street Address		
· · · · · · · · · · · · · · · · · · ·		M D Y Amount
7791 Strathmoore Rd.		100605 35.00
City D61.2	Sta te Zip Code O H 43016	Form (Cash, Check, etc.)
Full Name of Contributor	1	
Brenda, Toops Street Address		
		M D Y Amount
3424 Arnsby Rd.		100605 35.00
City	State Zip Code	Form (Cash, Check, etc.)
Columbs	0 H 43232	Check
Full Name of Contributor		
Street Address		M D Y Amount
Ta a la		M D Y Amount 70-00
520 Preservation Ln.	Stalte Zip Code	Form (Cash, Check, etc.)
Contract	0 H 43230	Check
Full Name of Contributor		
Julie Dixon		
Street Address		M D Y Amount
578 E. Torrence Rd.		100605 35-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Colemba	0 H 43214	Check
Full Name of Contributor		
Michelle Wolfe		
Street Address		M D Y Amount
1269 Farcham Dr.	Cultural Table 2	100605 35-00
Full Name of Contributor	State Zip Code OH 43 054	Form (Cash, Check, etc.) Check
Full Name of Contributor	The second secon	
Ter: Forder		
Street Address		M D Y Amount
7858 Ins Ct.		100605 40.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Lanal Winchester	6 H 43110	Check
The above are employees of a unit or department under the direct supervision and control of Seph W. Teste, who currently holds the public office		
of Carty Aud: ter. I hereby affirm that each contribution was voluntarily made.		
120. Chila (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 No. 31-G."

Page Total \$ 250. 00