

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>Gene Hinterschied</u>			
Street Address <u>5856 Thorngate Dr.</u>			M D Y Amount <u>06</u> <u>01</u> <u>07</u> <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>
Full Name of Contributor <u>Gene Hinterschied</u>			
Street Address <u>5856 Thorngate Dr.</u>			M D Y Amount <u>06</u> <u>12</u> <u>07</u> <u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor <u>Total of Page 37</u>			
Street Address <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 County Auditor. I hereby affirm that each contribution was voluntarily made.

Paul Chubb (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."