

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>Cindy Hardy</u>					
Street Address <u>7970 Sethwick Rd.</u>				M <u>1</u>	D <u>0</u>
City <u>Dublin</u>				Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>		Zip Code <u>43016</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Tim Boyer</u>					
Street Address <u>2099 Tonda Ln.</u>				M <u>1</u>	D <u>0</u>
City <u>Grove City</u>				Y <u>0</u>	Amount <u>100.00</u>
State <u>OH</u>		Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor <u>Total of Pages 58 Thru 63</u>					
Street Address <u>Transferred To Form 31-E</u>				M	D
City				Y	Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				M	D
City				Y	Amount
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.

RA. Chalmers (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."