

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>Linda Becker</u>				
Street Address <u>3046 Better Woods</u>			M <u>0</u>	D <u>9</u>
City <u>Columbus</u>			Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43231</u>				
Full Name of Contributor <u>Ferri Ritchie</u>				
Street Address <u>6 W. Race St.</u>			M <u>0</u>	D <u>9</u>
City <u>Mechanicsburg</u>			Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43044</u>				
Full Name of Contributor <u>Kimberl Stroud</u>				
Street Address <u>947 Chava Ln.</u>			M <u>0</u>	D <u>9</u>
City <u>Columbus</u>			Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43240</u>				
Full Name of Contributor <u>Mary Warden</u>				
Street Address <u>1680 Thrailkill Rd.</u>			M <u>0</u>	D <u>9</u>
City <u>Grove City</u>			Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43123</u>				
Full Name of Contributor <u>Barb Fisher</u>				
Street Address <u>3586 West Bay Circle</u>			M <u>0</u>	D <u>9</u>
City <u>Lewis Center</u>			Y <u>2</u>	Amount <u>100.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43035</u>				
Full Name of Contributor <u>Shaun Evaline</u>				
Street Address <u>2350 Demarest Rd.</u>			M <u>0</u>	D <u>9</u>
City <u>Grove City</u>			Y <u>2</u>	Amount <u>35.00</u>
State <u>OH</u>			Form (Cash, Check, etc.) <u>Check</u>	
Zip Code <u>43123</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.

D.A. Chandler (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."