Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Committee for Joseph W. Tester		
Full Name of Contributor	and the second s	
Dana Hishes Street Address		
Street Address		M D Y Amount
2871 Amabelle Ct		102507 40.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	0 1-1 43123	Cash
- / /		
Street Address		M D Y Amount
P.O. Box 82111		102607 70-60
Columbs	Sta te Zip Code C C C C C C C C C	Form (Cash, Check, etc.) Check
Full Name of Contributor	(3222	
Michelle May Street Address		:
Street Address		M D Y Amount
12283 C/co D-	· .	102607 40.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Orient	0 14 43146	Check
Full Name of Contributor Pala Street Address		
Street Address		M D Y Amount
3236 Cairngorn Dr.		102607 35.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columbs	0 H 43221	Check
Full Name of Contributor		
Small Address		M D Y Amount
2105 Jodilee Ct		102607 35-00
City /	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	6 H 43228	Check
Pat Baklew		
Street Address		M D Y Amount
6567 Sindry Kol.		102607 35-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
		1
The above are employees of a unit or department under the direct supervision and control of		
of Carty Aditor. I hereby affirm that each contribution was voluntarily made.		
(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."