

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>					
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC	
Street Address <u>141 E. Town St.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>225.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>R. L. Richards</u>				Registration Number, if PAC	
Street Address <u>5598 Preston Mill Way</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>	Amount <u>500.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Pat Dawson</u>				Registration Number, if PAC	
Street Address <u>5322 Castle Pines</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43235</u>	Amount <u>25.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Edwin Carr</u>				Registration Number, if PAC	
Street Address <u>6088 Nicholas Glen</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>	Amount <u>75.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Paul Griesse</u>				Registration Number, if PAC	
Street Address <u>2640 North St.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Granville</u>	State <u>OH</u>	Zip Code <u>43023</u>	Amount <u>100.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Ken Borrer</u>				Registration Number, if PAC	
Street Address <u>333 Milan Dr.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Amount <u>25.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Marilyn Smith</u>				Registration Number, if PAC	
Street Address <u>3675 Seaford Dr.</u>	Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>	Y <u>2608</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43220</u>	Amount <u>25.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 975.00