

# 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>Nancy Taylor</u>				Registration Number, if PAC	
Street Address <u>701 Morning St.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   16   07</u>	Amount <u>75.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John J. Chester</u>				Registration Number, if PAC	
Street Address <u>65 E. State St.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   16   07</u>	Amount <u>1,000.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Richard Talbott</u>				Registration Number, if PAC	
Street Address <u>4236 Shire Cove Rd.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   16   07</u>	Amount <u>1,000.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jeff Edwards</u>				Registration Number, if PAC	
Street Address <u>495 S. High St.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   26   07</u>	Amount <u>1,000.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>CORPAC</u>				Registration Number, if PAC <u>CP401</u>	
Street Address <u>2700 Airport Dr.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   26   07</u>	Amount <u>1,000.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43219</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gary Baas</u>				Registration Number, if PAC	
Street Address <u>959 Macbelle Way</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   26   07</u>	Amount <u>75.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gary Koch</u>				Registration Number, if PAC	
Street Address <u>5381 Adventure Dr.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>02   26   07</u>	Amount <u>200.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</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 \$ 4,350.00