

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>Steven Hanteler</u>				Registration Number, if PAC			
Street Address <u>1185 Galena Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Galena</u>		State <u>OH</u>	Zip Code <u>43021</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>David Testa</u>				Registration Number, if PAC			
Street Address <u>86 Winthrop Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Chester</u>		State <u>CT</u>	Zip Code <u>06412</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Todd Enoff</u>				Registration Number, if PAC			
Street Address <u>1123 Sleeping Meadow Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Paul Griese</u>				Registration Number, if PAC			
Street Address <u>2640 North St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Granville</u>		State <u>OH</u>	Zip Code <u>43023</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			

* 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 \$ 1,800.00