

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>Barbara Lach</u>				Registration Number, if PAC			
Street Address <u>3910 Lyon Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43220</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Thomas Taneff</u>				Registration Number, if PAC			
Street Address <u>600 S. High St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Ed Havenstein</u>				Registration Number, if PAC			
Street Address <u>2926 E. Mound St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Emanuel Fatseas</u>				Registration Number, if PAC			
Street Address <u>3258 Pebble Beach Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Care City</u>		State <u>OH</u>	Zip Code <u>43123</u>	<u>0</u>	<u>8</u>	<u>3</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Chris Soteriades</u>				Registration Number, if PAC			
Street Address <u>811 Northwest Blvd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43212</u>	<u>0</u>	<u>8</u>	<u>3</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Don Shackelford</u>				Registration Number, if PAC			
Street Address <u>21 E. State St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>8</u>	<u>3</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Shaun Lytle</u>				Registration Number, if PAC			
Street Address <u>1336 Cascade Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Galloway</u>		State <u>OH</u>	Zip Code <u>43119</u>	<u>0</u>	<u>8</u>	<u>3</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Cash</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 \$ 310.00