

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. Tester</u>						Registration Number, if PAC	
Full Name of Contributor <u>William A. Werth</u>						Registration Number, if PAC	
Street Address <u>5664 Keating Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Dublin</u>		<u>OH</u> <u>43016</u>		<u>1</u>	<u>0</u>	<u>2</u>	<u>100.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Dublin</u>		<u>OH</u>		<u>43016</u>		<u>Check</u>	
Full Name of Contributor <u>Eric Morton</u>						Registration Number, if PAC	
Street Address <u>6450 Wyndburn Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Dublin</u>		<u>OH</u> <u>43016</u>		<u>1</u>	<u>0</u>	<u>2</u>	<u>100.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Dublin</u>		<u>OH</u>		<u>43016</u>		<u>Check</u>	
Full Name of Contributor <u>Randall Asmo</u>						Registration Number, if PAC	
Street Address <u>10380 Woodburn Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Powell</u>		<u>OH</u> <u>43065</u>		<u>1</u>	<u>0</u>	<u>2</u>	<u>150.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Powell</u>		<u>OH</u>		<u>43065</u>		<u>Check</u>	
Full Name of Contributor <u>Michael Kohn</u>						Registration Number, if PAC	
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43215</u>		<u>1</u>	<u>0</u>	<u>2</u>	<u>150.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Columbus</u>		<u>OH</u>		<u>43215</u>		<u>Check</u>	
Full Name of Contributor <u>Jerry McAfee</u>						Registration Number, if PAC	
Street Address <u>2145 Keltanshire Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43229</u>		<u>1</u>	<u>0</u>	<u>2</u>	<u>200.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Columbus</u>		<u>OH</u>		<u>43229</u>		<u>Check</u>	
Full Name of Contributor <u>David Reynolds</u>						Registration Number, if PAC	
Street Address <u>657 Norfolk Sq.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Pickerington</u>		<u>OH</u> <u>43147</u>		<u>1</u>	<u>1</u>	<u>0</u>	<u>150.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Pickerington</u>		<u>OH</u>		<u>43147</u>		<u>Check</u>	
Full Name of Contributor <u>JoAnn Davidson</u>						Registration Number, if PAC	
Street Address <u>6639 Forrester Way</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Reynoldsburg</u>		<u>OH</u> <u>43068</u>		<u>1</u>	<u>1</u>	<u>0</u>	<u>250.00</u>
City		State		Zip Code		Form (Cash, Check, etc.)	
<u>Reynoldsburg</u>		<u>OH</u>		<u>43068</u>		<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 \$ 1,100.00