

# 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>Loreto Carini</u>				Registration Number, if PAC			
Street Address <u>4381 Antman Road</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Stelios Giannopoulos</u>				Registration Number, if PAC			
Street Address <u>247 N. Parkview Ave</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Bexley</u>		State <u>OH</u>	Zip Code <u>43209</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>John W. Kessler</u>				Registration Number, if PAC			
Street Address <u>No 4 Bottomley Crescent</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Bob Monds</u>				Registration Number, if PAC			
Street Address <u>1418 Terry Dr</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Reynoldsburg</u>		State <u>OH</u>	Zip Code <u>43068</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Pizzuti PAC</u>				Registration Number, if PAC <u>041260</u>			
Street Address <u>Two Miranova Pl.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>1,000.00</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.)							

\* 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

Total expenditures this event.

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Page Total \$ 2,750.00