

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>Thomas Green</u>				Registration Number, if PAC			
Street Address <u>9954 Heron Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Thornville</u>		State <u>OH</u>	Zip Code <u>43076</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>200.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>John Nave</u>				Registration Number, if PAC			
Street Address <u>7318 Claddagh Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Dublin</u>		State <u>OH</u>	Zip Code <u>43016</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>50.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Alan Weiler</u>				Registration Number, if PAC			
Street Address <u>150 E. Mound St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dan Anderson</u>				Registration Number, if PAC			
Street Address <u>2525 Wimbledon Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43220</u>	<u>1</u>	<u>0</u>	<u>3</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Joe Testa</u>				Registration Number, if PAC			
Street Address <u>5412 Thornhill Ct.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Grove City</u>		State <u>OH</u>	Zip Code <u>43123</u>	<u>1</u>	<u>0</u>	<u>5</u>	<u>225.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Delora Ciamacca</u>				Registration Number, if PAC			
Street Address <u>4531 E. Walnut St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</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>Brian Barnes</u>				Registration Number, if PAC			
Street Address <u>5300 Damcally Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>100.00</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 \$ 2,325.00