

# 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>James Joyce</u>				Registration Number, if PAC			
Street Address <u>3770 Ridge Mill Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Hilliard</u>		State <u>OH</u>	Zip Code <u>43026</u>	<u>0</u>	<u>7</u>	<u>0</u>	<u>8</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Helen Sprankel</u>				Registration Number, if PAC			
Street Address <u>847 E. North Broadway</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43224</u>	<u>0</u>	<u>7</u>	<u>0</u>	<u>8</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Blaine Sickles</u>				Registration Number, if PAC			
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	<u>0</u>	<u>7</u>	<u>0</u>	<u>8</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Dana Rinehart</u>				Registration Number, if PAC			
Street Address <u>300 E. Broad 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>7</u>	<u>0</u>	<u>8</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Celia Forker</u>				Registration Number, if PAC			
Street Address <u>1942 Stelzer Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>0</u>	<u>7</u>	<u>1</u>	<u>4</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Blaine Sickles</u>				Registration Number, if PAC			
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	<u>0</u>	<u>7</u>	<u>1</u>	<u>4</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Donal Malenick</u>				Registration Number, if PAC			
Street Address <u>4461 Wayside Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Naples</u>		State <u>FL</u>	Zip Code <u>34119</u>	<u>0</u>	<u>7</u>	<u>1</u>	<u>4</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 \$ 1,825.00