

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>M. D. Jeffery</u>				Registration Number, if PAC			
Street Address <u>303 N. Parkview Ave</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43209</u>		<u>0</u>	<u>6</u>	<u>21</u>	<u>06</u> <u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Columbus Apartment Assn.</u>				Registration Number, if PAC			
Street Address <u>1225 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43215</u>		<u>0</u>	<u>6</u>	<u>23</u>	<u>06</u> <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Zeiger, Tiggles & Little</u>				Registration Number, if PAC			
Street Address <u>41 S. High St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43215</u>		<u>0</u>	<u>6</u>	<u>23</u>	<u>06</u> <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Ted Ortlip</u>				Registration Number, if PAC			
Street Address <u>110 Northwoods Blvd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43235</u>		<u>0</u>	<u>6</u>	<u>23</u>	<u>06</u> <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Rhett Ricart</u>				Registration Number, if PAC			
Street Address <u>P.O. Box 27130</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43227</u>		<u>0</u>	<u>6</u>	<u>23</u>	<u>06</u> <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>H. Berkley Showe</u>				Registration Number, if PAC			
Street Address <u>45 N. Farth St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43215</u>		<u>0</u>	<u>6</u>	<u>23</u>	<u>06</u> <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Tony Solgazzo</u>				Registration Number, if PAC			
Street Address <u>363 Meditation Ln.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		<u>OH</u> <u>43235</u>		<u>0</u>	<u>6</u>	<u>26</u>	<u>06</u> <u>250.00</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 \$ 2,600.00