

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 Taneff</u>			Registration Number, if PAC	
Street Address <u>600 S. High St.</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 14 08</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ted Blain</u>			Registration Number, if PAC	
Street Address <u>2295 Hiawatha Park</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 23 08</u>	Amount <u>10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43211</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Carl Christman</u>			Registration Number, if PAC	
Street Address <u>114 Dorchester Sq.</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 23 08</u>	Amount <u>500.00</u>
City <u>Westerville</u>	State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Eric Laeuffer</u>			Registration Number, if PAC	
Street Address <u>13831 Sunloden Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 23 08</u>	Amount <u>500.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Rino Carita</u>			Registration Number, if PAC	
Street Address <u>2644 Blenden Woods</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 24 08</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43231</u>	Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Mark Bell</u>			Registration Number, if PAC	
Street Address <u>2360 Minerva Park</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 24 08</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Roger Dini</u>			Registration Number, if PAC	
Street Address <u>1703 Sugarmaple Dr.</u>	Employer/Occupation/Labor Organization*		M D Y <u>04 24 08</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43229</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 \$ 1,385.00