

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>Orin Morris</u>				Registration Number, if PAC			
Street Address <u>111 Riverview Park</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43214</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>708</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Elverna Wolpert</u>				Registration Number, if PAC			
Street Address <u>4786 Davidson Rd.</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>3</u>	<u>1</u>	<u>708</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>William Fennell</u>				Registration Number, if PAC			
Street Address <u>943 Norway Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43221</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>708</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>John Brandt</u>				Registration Number, if PAC			
Street Address <u>5187 Snodgrass Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>708</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Dana G. Rinehart</u>				Registration Number, if PAC			
Street Address <u>300 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>708</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>George Henry</u>				Registration Number, if PAC			
Street Address <u>555 S. Front St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>26</u>	<u>08</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>John Royer</u>				Registration Number, if PAC			
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>3</u>	<u>26</u>	<u>08</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