

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>Dave Reynolds</u>				Registration Number, if PAC	
Street Address <u>657 Norfolk Sq.</u>		Employer/Occupation/Labor Organization*		M D Y <u>042106</u>	Amount <u>75.00</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>Robert Davis</u>				Registration Number, if PAC	
Street Address <u>104 Browning Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>042606</u>	Amount <u>2,500.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Pat Grabill</u>				Registration Number, if PAC	
Street Address <u>182 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>050806</u>	Amount <u>1,000.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Delena Ciamacco</u>				Registration Number, if PAC	
Street Address <u>881 E. Johnstown Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>050806</u>	Amount <u>2,500.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Joseph Rose</u>				Registration Number, if PAC	
Street Address <u>22 W 26th St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>050806</u>	Amount <u>500.00</u>
City <u>New York</u>	State <u>NY</u>	Zip Code <u>10010</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code		Form (Cash, Check, etc.)	

* 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 \$ 6,575.00