

# 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>Ron Milburn</u>				Registration Number, if PAC			
Street Address <u>5132 Deerskin Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount <u>35.00</u>
City <u>Westerly</u>		State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Tim Thicksten</u>				Registration Number, if PAC			
Street Address <u>325 Deer Trail Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount <u>35.00</u>
City <u>Reynoldsburg</u>		State <u>OH</u>	Zip Code <u>43068</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>James O'Black</u>				Registration Number, if PAC			
Street Address <u>2618 Hoover Crossing</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount <u>35.00</u>
City <u>Grace City</u>		State <u>OH</u>	Zip Code <u>43123</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	Amount <u>15.00</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				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 <u>Total Employee Contributions From Form 31-E</u>				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount <u>1,525.00</u>
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

--	--

Total expenditures this event.

--	--

Page Total \$ 1,645.00