

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>				Registration Number, if PAC			
Full Name of Contributor <u>Blaine Sickles</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>7997 Clark Ave.</u>				0	4	3	25.00
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>Helen Sprankel</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>847 E. North Broadway</u>				0	4	3	25.00
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43224</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Celia Forker</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>1942 Stelzer Ave.</u>				0	4	3	35.00
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43219</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Dorothy Curtin</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>790 Kimberly Dr.</u>				0	4	3	25.00
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>Sam Koon</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>141 E. Town St.</u>				0	4	3	70.00
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>Ed Havenstein</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>2926 E. Mound St.</u>				0	5	0	50.00
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Herb Glincher</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>150 E. Broad St.</u>				0	5	0	100.00
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</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 \$ 330.00