

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. Tester</u>							
Full Name of Contributor <u>John Chester</u>				Registration Number, if PAC			
Street Address <u>65 E. State St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dana Rinehart</u>				Registration Number, if PAC			
Street Address <u>395 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Rhett Ricart</u>				Registration Number, if PAC			
Street Address <u>P.O. Box 27130</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43227</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Joe Armeni</u>				Registration Number, if PAC			
Street Address <u>295 W. 4th Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43201</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Robert Weiler</u>				Registration Number, if PAC			
Street Address <u>41 S. High St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Laurence Ruben</u>				Registration Number, if PAC			
Street Address <u>140 S. Columbia Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>200.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>SSC PAC</u>				Registration Number, if PAC			
Street Address <u>1800 Moler Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43207</u>	<u>0</u>	<u>8</u>	<u>2</u>	<u>500.00</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

--	--

Total expenditures this event.

--	--

Page Total \$ 3,450.00