

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>Ted Blain</u>				Registration Number, if PAC	
Street Address <u>2295 Hiawatha Park</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43211</u>	Y	Amount <u>10.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Violet Dell Italia</u>				Registration Number, if PAC	
Street Address <u>3204 Shasta Ave.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43231</u>	Y	Amount <u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Ron Sabatino</u>				Registration Number, if PAC	
Street Address <u>3895 Stoneridge Ln.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	Y	Amount <u>600.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC	
Street Address <u>141 E. Town St</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y	Amount <u>600.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>A.J. Myes</u>				Registration Number, if PAC	
Street Address <u>2463 Bexley Park Rd.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Bexley</u>		State <u>OH</u>	Zip Code <u>43209</u>	Y	Amount <u>600.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>A.J. Myes</u>				Registration Number, if PAC	
Street Address <u>2463 Bexley Park Rd.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Bexley</u>		State <u>OH</u>	Zip Code <u>43209</u>	Y	Amount <u>200.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Paul Loper</u>				Registration Number, if PAC	
Street Address <u>6321 E. Livingston Ave.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Reynoldsburg</u>		State <u>OH</u>	Zip Code <u>43068</u>	Y	Amount <u>100.00</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 \$ 2,135.00