

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>									
Full Name of Contributor <i>Franklin County Republican Party</i>							Registration Number, if PAC		
Street Address <i>14 E. Gay St.</i>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		M <i>1</i>		D <i>0</i>	
						Y <i>06</i>		Amount <i>15,000.00</i>	
Full Name of Contributor <i>J.P. Morgan Chase PAC</i>							Registration Number, if PAC <i>C00128512</i>		
Street Address <i>270 Park Ave.</i>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>	
City <i>New York</i>		State <i>NY</i>		Zip Code <i>10017</i>		M <i>1</i>		D <i>0</i>	
						Y <i>06</i>		Amount <i>1,000.00</i>	
Full Name of Contributor <i>Schottenstein, Zox &amp; Dunn</i>							Registration Number, if PAC		
Street Address <i>250 West St.</i>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>		State <i>OH</i>		Zip Code <i>43215</i>		M <i>1</i>		D <i>0</i>	
						Y <i>06</i>		Amount <i>500.00</i>	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	

\* 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)]

Page Total \$ 16,500.00