

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>Nancy Taylor</u>				Registration Number, if PAC	
Street Address <u>701 Morning St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>052506</u>	Amount <u>35.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ron Milburn</u>				Registration Number, if PAC	
Street Address <u>6082 Memorial Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>052506</u>	Amount <u>35.00</u>
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>John Price</u>				Registration Number, if PAC	
Street Address <u>505 Whitney Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>052506</u>	Amount <u>35.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dave White</u>				Registration Number, if PAC	
Street Address <u>5652 Oakmont Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>052506</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barbara Clark</u>				Registration Number, if PAC	
Street Address <u>5253 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>052506</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Diane Bray</u>				Registration Number, if PAC	
Street Address <u>1135 Kingslea Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>060206</u>	Amount <u>75.00</u>
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>Total Employee Contributions From Form 31-G</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount <u>1,575.00</u>
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 \$ 1,825.00