

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>Richard Royer</u>				Registration Number, if PAC			
Street Address <u>1480 Dublin Rd.</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>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Debra Ciamacco</u>				Registration Number, if PAC			
Street Address <u>4531 E. Walnut St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Bill Dawson</u>				Registration Number, if PAC			
Street Address <u>5322 Castle Pines</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Theodor Hennig</u>				Registration Number, if PAC			
Street Address <u>657 Bay Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43082</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Roy Girod</u>				Registration Number, if PAC			
Street Address <u>1505 Ramblewood Ave</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Blaine Sickles</u>				Registration Number, if PAC			
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>306</u>
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>James Kime</u>				Registration Number, if PAC			
Street Address <u>2550 W. 5th Ave</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43204</u>	<u>0</u>	<u>6</u>	<u>2</u>	<u>806</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 \$ 1,300.00