

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. Tests</u>						Registration Number, if PAC	
Full Name of Contributor <u>Colleen Davis</u>						Registration Number, if PAC	
Street Address <u>3082 Indianola Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43202</u>	<u>1</u>	<u>0</u>	<u>6</u>	<u>50.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Jack Rscilli</u>						Registration Number, if PAC	
Street Address <u>1957 Lake Shore Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43204</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>BIA Build PAC of Central Ohio</u>						Registration Number, if PAC <u>OH135</u>	
Street Address <u>495 Executive Campus</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43082</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>750.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dan McCloud</u>						Registration Number, if PAC	
Street Address <u>1666 Birdsong Ct.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Blacklick</u>		State <u>OH</u>	Zip Code <u>43004</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>C. Tad Hale</u>						Registration Number, if PAC	
Street Address <u>171 Mainsail Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
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

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Total expenditures this event.

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Page Total \$ 1,650.00