

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>Steven Hess</u>				Registration Number, if PAC	
Street Address <u>4500 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102306</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Matt Stavroff</u>				Registration Number, if PAC	
Street Address <u>565 Metro Pl. S.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102306</u>	Amount <u>150.00</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>Joseph Sugar</u>				Registration Number, if PAC	
Street Address <u>2325 Coventry Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102306</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Herb Glimcher</u>				Registration Number, if PAC	
Street Address <u>4130 E. Fifth Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102306</u>	Amount <u>500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43219</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 Y <u>102606</u>	Amount <u>100.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>Kerin Grooms</u>				Registration Number, if PAC	
Street Address <u>5896 Leven Links Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102606</u>	Amount <u>50.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Cash</u>	
Full Name of Contributor <u>John Rayer</u>				Registration Number, if PAC	
Street Address <u>10 W. Broad St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>102606</u>	Amount <u>500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</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 \$ 1,600.00