

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

|                                                                    |  |                                         |                          |                                             |   |   |        |
|--------------------------------------------------------------------|--|-----------------------------------------|--------------------------|---------------------------------------------|---|---|--------|
| Name of Committee in Full<br><u>Committee for Joseph W. Testa</u>  |  |                                         |                          |                                             |   |   |        |
| Full Name of Contributor<br><u>C. Tad Hale</u>                     |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>171 Mainsail Dr.</u>                          |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Westerville</u>                                         |  | State<br><u>OH</u>                      | Zip Code<br><u>43081</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>Jerry McAfee</u>                    |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>2145 Keltorshire Ave.</u>                     |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Columbus</u>                                            |  | State<br><u>OH</u>                      | Zip Code<br><u>43229</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>Dana Rinehart</u>                   |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>395 E. Broad St.</u>                          |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Columbus</u>                                            |  | State<br><u>OH</u>                      | Zip Code<br><u>43215</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>Keith McNamara</u>                  |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>88 E. Broad St.</u>                           |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Columbus</u>                                            |  | State<br><u>OH</u>                      | Zip Code<br><u>43215</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>Robert Werth</u>                    |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>4527 Tavistock Circle</u>                     |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Powell</u>                                              |  | State<br><u>OH</u>                      | Zip Code<br><u>43065</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>Shoemaker, Howarth &amp; Taylor</u> |  |                                         |                          | Registration Number, if PAC                 |   |   |        |
| Street Address<br><u>471 E. Broad St.</u>                          |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Columbus</u>                                            |  | State<br><u>OH</u>                      | Zip Code<br><u>43215</u> | Form (Cash, Check, etc.)<br><u>Check</u>    |   |   |        |
| Full Name of Contributor<br><u>CORPAC</u>                          |  |                                         |                          | Registration Number, if PAC<br><u>CP401</u> |   |   |        |
| Street Address<br><u>2700 Airport Dr.</u>                          |  | Employer/Occupation/Labor Organization* |                          | M                                           | D | Y | Amount |
| City<br><u>Columbus</u>                                            |  | State<br><u>OH</u>                      | Zip Code<br><u>43219</u> | Form (Cash, Check, etc.)<br><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.

|  |  |
|--|--|
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Page Total \$ 2,350.00