

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>						Registration Number, if PAC	
Full Name of Contributor <u>John Price</u>				M		D	Y
Street Address <u>505 Whitney Ave.</u>		Employer/Occupation/Labor Organization*		090106		Amount 35.00	
City <u>Worthington</u>		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor <u>Reva Smart</u>				M		D	Y
Street Address <u>2460 Donna Dr.</u>		Employer/Occupation/Labor Organization*		090106		Amount 35.00	
City <u>Columbus</u>		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor <u>Charles Blestone</u>				M		D	Y
Street Address <u>7485 Tottenham Pl.</u>		Employer/Occupation/Labor Organization*		090506		Amount 35.00	
City <u>New Albany</u>		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor <u>Ted Blain</u>				M		D	Y
Street Address <u>2295 Hiawatha Park</u>		Employer/Occupation/Labor Organization*		090506		Amount 20.00	
City <u>Columbus</u>		State OH	Zip Code 43211	Form (Cash, Check, etc.) Check			
Full Name of Contributor <u>Celia Forker</u>				M		D	Y
Street Address <u>1942 Stelzer Rd.</u>		Employer/Occupation/Labor Organization*		090806		Amount 45.00	
City <u>Columbus</u>		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor				M		D	Y
Street Address		Employer/Occupation/Labor Organization*				Amount	
City		State	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor <u>Total Employee Contributions From Form 31-G</u>				M		D	Y
Street Address		Employer/Occupation/Labor Organization*				Amount 1,825.00	
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 \$ 1,995.00