

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>					
Full Name of Contributor <u>Phil Holdrieth</u>				Registration Number, if PAC	
Street Address <u>507 Van Heyde Pl.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>150.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Ohio Petroleum Retailers & Repair</u>				Registration Number, if PAC <u>C00139105</u>	
Street Address <u>947 E. Johnston Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>300.00</u>
City <u>Gahanna</u>		State <u>OH</u>	Zip Code <u>43230</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Thomas Tareff</u>				Registration Number, if PAC	
Street Address <u>600 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>150.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Doug McCloud</u>				Registration Number, if PAC	
Street Address <u>1666 Birdsong Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 16 06</u>	Amount <u>100.00</u>
City <u>Blacklick</u>		State <u>OH</u>	Zip Code <u>43004</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Haversen</u>				Registration Number, if PAC	
Street Address <u>587 Fox Lane</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>100.00</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dave Robinson</u>				Registration Number, if PAC	
Street Address <u>130 Northridge Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>250.00</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43214</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barb Stiles</u>				Registration Number, if PAC	
Street Address <u>104 W. Main St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 20 06</u>	Amount <u>75.00</u>
City <u>Bremen</u>		State <u>OH</u>	Zip Code <u>43107</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 \$ 1,125.00