

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

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Committee for Joseph W. Tests							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Carl Christman				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
114 Dorchester Sq.		Westerville		Check			
State		Zip Code					
OH		43081					
Full Name of Contributor				Registration Number, if PAC			
George Simpson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
258 S. Drexel Ave.				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
258 S. Drexel Ave.		Columbus		Check			
State		Zip Code					
OH		43209					
Full Name of Contributor				Registration Number, if PAC			
Robert Jeffrey							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
296 Ashbourne Pl.				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
296 Ashbourne Pl.		Columbus		Check			
State		Zip Code					
OH		43209					
Full Name of Contributor				Registration Number, if PAC			
William Bishop							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2541 Bay Harbour				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
2541 Bay Harbour		Galena		Check			
State		Zip Code					
OH		43021					
Full Name of Contributor				Registration Number, if PAC			
Michael Gonsiorowski							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
One Miranova Pl.				0	9	1	100.00
Street Address		City		Form (Cash, Check, etc.)			
One Miranova Pl.		Columbus		Check			
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
George Sicaras							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2460 N. High St.				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
2460 N. High St.		Columbus		Check			
State		Zip Code					
OH		43202					
Full Name of Contributor				Registration Number, if PAC			
S. Robert Davis							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
104 Browning Ct.				0	9	1	250.00
Street Address		City		Form (Cash, Check, etc.)			
104 Browning Ct.		Dublin		Check			
State		Zip Code					
OH		43017					

* 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 \$ 1,600.00