

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>Helen Sprankel</u>				Registration Number, if PAC	
Street Address <u>847 E. North Broadway</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43224</u>	Y <u>08</u>	Amount <u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Roy Girod</u>				Registration Number, if PAC	
Street Address <u>1505 Rambelwood Ave.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>3</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	Y <u>08</u>	Amount <u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Jean Chambers</u>				Registration Number, if PAC	
Street Address <u>1892 Birkdale Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>4</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>	Y <u>08</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Ron Sans</u>				Registration Number, if PAC	
Street Address <u>138 Jana-k Ct.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>4</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43207</u>	Y <u>08</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Arleen Resnick</u>				Registration Number, if PAC	
Street Address <u>6917 Betsen Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>4</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Y <u>08</u>	Amount <u>150.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Anthony Mollica</u>				Registration Number, if PAC	
Street Address <u>1601 Bethel Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>4</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43220</u>	Y <u>08</u>	Amount <u>75.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Citizens for Cheryl Crossman</u>				Registration Number, if PAC	
Street Address <u>865 Macen Alley</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>4</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43206</u>	Y <u>08</u>	Amount <u>75.00</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 \$ 550.00