

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>Orin Morris</u>				Registration Number, if PAC	
Street Address <u>111 Riverview Park</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 14 06</u>	Amount <u>35.00</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>Helen Sprankel</u>				Registration Number, if PAC	
Street Address <u>847 E. North Broadway</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 14 06</u>	Amount <u>10.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43224</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Daniel Rankin</u>				Registration Number, if PAC	
Street Address <u>5515 Scioto Derby Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 14 06</u>	Amount <u>35.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dawnes, Hurst & Fisher</u>				Registration Number, if PAC	
Street Address <u>400 S. Front St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 14 06</u>	Amount <u>70.00</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>Dave White</u>				Registration Number, if PAC	
Street Address <u>5554 Worrester Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 18 06</u>	Amount <u>35.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43232</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Joseph Wells</u>				Registration Number, if PAC	
Street Address <u>4047 Mansel Ave</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 28 06</u>	Amount <u>35.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jean Kelley</u>				Registration Number, if PAC	
Street Address <u>4000 Bowen Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 28 06</u>	Amount <u>35.00</u>
City <u>Canal Winchester</u>	State <u>OH</u>	Zip Code <u>43110</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 \$ 255.00