

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>David Green</u>				Registration Number, if PAC	
Street Address <u>2240 Belleair Rd.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Clearwater</u>		State <u>FL</u>	Zip Code <u>33764</u>	Y	Amount <u>200.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Charles Griffith</u>				Registration Number, if PAC	
Street Address <u>575 Copeland Mill</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Y	Amount <u>300.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barbara Curtiss</u>				Registration Number, if PAC	
Street Address <u>104 W. Main St.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Bremen</u>		State <u>OH</u>	Zip Code <u>43107</u>	Y	Amount <u>50.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mark Potts</u>				Registration Number, if PAC	
Street Address <u>330 Guernsey Ave.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43204</u>	Y	Amount <u>35.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mike Fallor</u>				Registration Number, if PAC	
Street Address <u>1625 Bethel Rd.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43220</u>	Y	Amount <u>35.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Walter Taylor</u>				Registration Number, if PAC	
Street Address <u>3376 Lindstrom Dr.</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Columbs</u>		State <u>OH</u>	Zip Code <u>43228</u>	Y	Amount <u>35.00</u>
				Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>David Long</u>				Registration Number, if PAC	
Street Address <u>6019 S. Old State</u>		Employer/Occupation/Labor Organization*		M	D
City <u>Lewis Center</u>		State <u>OH</u>	Zip Code <u>43035</u>	Y	Amount <u>50.00</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 \$ 705.00