

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>Carl Christman</u>				Registration Number, if PAC	
Street Address <u>114 Dorchester Sq.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>George Simpson</u>					
Street Address <u>258 S. Drexel Ave.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Robert Jeffrey</u>					
Street Address <u>296 Ashbourne Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>William Bishop</u>					
Street Address <u>2541 Bay Harbor</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Galena</u>		State <u>OH</u>	Zip Code <u>43021</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Michael Gonsiorowski</u>					
Street Address <u>One Miranda Pl.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>06</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>George Sicaras</u>					
Street Address <u>2460 N. High St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43202</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>S. Robert Davis</u>					
Street Address <u>104 Browning Ct.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>9</u>
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	Y <u>06</u>	Amount <u>250.00</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 \$ 1,600.00