

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>Richard Royer</u>				Registration Number, if PAC			
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	0	9	1	500.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Ohio Real Estate Investors PAC</u>				Registration Number, if PAC <u>CP343</u>			
Street Address <u>P.O. Box 4044</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Youngstown</u>		State <u>OH</u>	Zip Code <u>44515</u>	0	9	1	500.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Richard Solove</u>				Registration Number, if PAC			
Street Address <u>7000 Greensward Rd.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	0	9	1	1,000.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Fifth Third Bancorp PAC</u>				Registration Number, if PAC			
Street Address <u>38 Fountain Square</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Cincinnati</u>		State <u>OH</u>	Zip Code <u>45202</u>	0	9	1	250.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Macy Block</u>				Registration Number, if PAC			
Street Address <u>8581 Dunsinane Dr.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	0	9	2	2,000.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Michael Deascentis</u>				Registration Number, if PAC			
Street Address <u>P.O. Box 563</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>New Albany</u>		State <u>OH</u>	Zip Code <u>43054</u>	0	9	2	1,000.00
				Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Mark Sweepston</u>				Registration Number, if PAC			
Street Address <u>619 Reynolds Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43201</u>	0	9	2	100.00
				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 \$ 5,350.00