

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Comm. Hce for Joseph W. Testa</u>					
Full Name of Contributor <u>William Shimp</u>				Registration Number, if PAC	
Street Address <u>1530 Essex Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>7</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43221</u>	Y <u>06</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Tom Burrows</u>				Registration Number, if PAC	
Street Address <u>2655 McVey Blvd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>7</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	Y <u>06</u>	Amount <u>60.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Charles D. Hill</u>				Registration Number, if PAC	
Street Address <u>800 Aldensgate Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>7</u>
City <u>Galloway</u>		State <u>OH</u>	Zip Code <u>43119</u>	Y <u>06</u>	Amount <u>200.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Jerry Jordan</u>				Registration Number, if PAC	
Street Address <u>795 Old Woods Rd.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>7</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43235</u>	Y <u>06</u>	Amount <u>500.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Randy Walker</u>				Registration Number, if PAC	
Street Address <u>145 E. Rich St.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>7</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>CORPAC</u>				Registration Number, if PAC <u>CP401</u>	
Street Address <u>2700 Airport Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>8</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	Y <u>06</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Marianne Collins</u>				Registration Number, if PAC	
Street Address <u>423 Hickory Ln.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>8</u>
City <u>Wadsworth</u>		State <u>OH</u>	Zip Code <u>43081</u>	Y <u>06</u>	Amount <u>300.00</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 \$ 3,410.00