

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>Barbara Lach</u>				Registration Number, if PAC	
Street Address <u>3910 Lyon Dr.</u>		Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>28</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43220</u>	Y <u>06</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>James Kime</u>				Registration Number, if PAC	
Street Address <u>2550 W. 5th Ave.</u>		Employer/Occupation/Labor Organization*		M <u>06</u>	D <u>28</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43204</u>	Y <u>06</u>	Amount <u>20.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Merom Brachman</u>				Registration Number, if PAC	
Street Address <u>311 N. Drexel Ave.</u>		Employer/Occupation/Labor Organization*		M <u>07</u>	D <u>03</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>Charlotte Van Steyn</u>				Registration Number, if PAC	
Street Address <u>5903 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M <u>07</u>	D <u>03</u>
City <u>Delaware</u>		State <u>OH</u>	Zip Code <u>43015</u>	Y <u>06</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>James E. Metz</u>				Registration Number, if PAC	
Street Address <u>1271 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M <u>07</u>	D <u>03</u>
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43205</u>	Y <u>06</u>	Amount <u>100.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Thomas Kruse</u>				Registration Number, if PAC	
Street Address <u>4735 Vista Ridge Dr.</u>		Employer/Occupation/Labor Organization*		M <u>07</u>	D <u>10</u>
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	Y <u>06</u>	Amount <u>1,000.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Thomas Needles</u>				Registration Number, if PAC	
Street Address <u>66 E. Lynn St.</u>		Employer/Occupation/Labor Organization*		M <u>07</u>	D <u>19</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>					

* 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

--	--

Total expenditures this event.

--	--

Page Total \$ 1,970.00