

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>Danai Malenick</u>				Registration Number, if PAC	
Street Address <u>4461 Wayside Dr.</u>		Employer/Occupation/Labor Organization*		M <u>0</u>	D <u>8</u>
City <u>Naples</u>		State <u>FL</u>	Zip Code <u>34119</u>	Y <u>0</u>	Amount <u>250.00</u>
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Thomas Gross</u>					
Street Address <u>2531 Abington Rd.</u>				Registration Number, if PAC	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43221</u>	M <u>0</u>	D <u>8</u>
Employer/Occupation/Labor Organization*		Y <u>0</u>	Amount <u>100.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Matt Maich</u>					
Street Address <u>7895 Silver Lake Ct.</u>				Registration Number, if PAC	
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43082</u>	M <u>0</u>	D <u>9</u>
Employer/Occupation/Labor Organization*		Y <u>0</u>	Amount <u>250.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>David Laver</u>					
Street Address <u>5386 Dunniker Park</u>				Registration Number, if PAC	
City <u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	M <u>0</u>	D <u>9</u>
Employer/Occupation/Labor Organization*		Y <u>0</u>	Amount <u>100.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Jean Chambers</u>					
Street Address <u>1892 Birkdale Dr.</u>				Registration Number, if PAC	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43232</u>	M <u>0</u>	D <u>9</u>
Employer/Occupation/Labor Organization*		Y <u>0</u>	Amount <u>100.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Tommy Tareff</u>					
Street Address <u>600 S. High St.</u>				Registration Number, if PAC	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	M <u>0</u>	D <u>9</u>
Employer/Occupation/Labor Organization*		Y <u>0</u>	Amount <u>100.00</u>		
Form (Cash, Check, etc.) <u>Check</u>					
Full Name of Contributor <u>Motorists Mutual Civic Fund</u>					
Street Address <u>471 E. Broad St.</u>				Registration Number, if PAC <u>C00336834</u>	
City <u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	M <u>0</u>	D <u>9</u>
Employer/Occupation/Labor Organization*		Y <u>1</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 \$ 1,150.00