

# 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>Roger Blair</u>				Registration Number, if PAC	
Street Address <u>4670 Tensweep</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   06   06</u>	Amount <u>150.00</u>
City <u>New Albany</u>	State <u>OH</u>	Zip Code <u>43054</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Bill McMenamy</u>				Registration Number, if PAC	
Street Address <u>81 S. 5TH ST.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Anthony Mollica</u>				Registration Number, if PAC	
Street Address <u>1601 Bethel Rd.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43220</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Paul Loper</u>				Registration Number, if PAC	
Street Address <u>6321 E. Livingston Ave.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>250.00</u>
City <u>Reynoldsburg</u>	State <u>OH</u>	Zip Code <u>43068</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Robert Werth</u>				Registration Number, if PAC	
Street Address <u>4527 Taristock Circle</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>150.00</u>
City <u>Powell</u>	State <u>OH</u>	Zip Code <u>43065</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>S. Robert Davis</u>				Registration Number, if PAC	
Street Address <u>104 Browning Ct.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>150.00</u>
City <u>Dublin</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Nisource PAC</u>				Registration Number, if PAC <u>C0051979</u>	
Street Address <u>200 Civic Center Dr.</u>		Employer/Occupation/Labor Organization*		M   D   Y <u>10   10   06</u>	Amount <u>500.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43215</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 \$ 1,500.00