

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>Blaine Sickles</u>				Registration Number, if PAC	
Street Address <u>7997 Clark Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>25.00</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>John Stegman</u>				Registration Number, if PAC	
Street Address <u>3143 Walden Ravines</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>50.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43221</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Orin Morris</u>				Registration Number, if PAC	
Street Address <u>111 Riverview Park</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43214</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>George Sicaras</u>				Registration Number, if PAC	
Street Address <u>2460 N. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43202</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Dana Riechart</u>				Registration Number, if PAC	
Street Address <u>395 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 17 06</u>	Amount <u>75.00</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>Paul Loper</u>				Registration Number, if PAC	
Street Address <u>6321 E. Livingston Ave.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 21 06</u>	Amount <u>100.00</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>Reva Smart</u>				Registration Number, if PAC	
Street Address <u>2460 Donna Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>02 21 06</u>	Amount <u>30.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43220</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 \$ 430.00