

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>M. D. Jeffray</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>303 N. Parkview Ave</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43209</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>106</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>Columbus Apartment Assn.</u> | | | | Registration Number, if PAC <u>OH 146</u> | | | |
| Street Address <u>1225 Dublin Rd.</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43215</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>306</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>Zeiger, Tiggles & Little</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>41 S. High St.</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43215</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>306</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>Tod Ortlip</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>110 Northwoods Blvd.</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43235</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>306</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>Rhett Ricart</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>P.O. Box 27130</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43227</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>306</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>H. Berkley Showe</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>45 N. Farth St.</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43215</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>306</u> |
| | | | | Form (Cash, Check, etc.) <u>Check</u> | | | |
| Full Name of Contributor <u>Tony Saluzzo</u> | | | | Registration Number, if PAC | | | |
| Street Address <u>363 Meditation Ln.</u> | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City <u>Columbus</u> | | State <u>OH</u> | Zip Code <u>43235</u> | <u>0</u> | <u>6</u> | <u>2</u> | <u>606</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 \$ 2,600.00