

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>Sally Testa</u>			Registration Number, if PAC		
Street Address <u>5412 Thornhill Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</u>	Amount <u>150.00</u>
City <u>Grove City</u>	State <u>OH</u>	Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Gary Koch</u>			Registration Number, if PAC		
Street Address <u>5381 Adventure Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</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>A.J. Myers</u>			Registration Number, if PAC		
Street Address <u>2463 Bexley Park</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</u>	Amount <u>450.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43209</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jeff Glavan</u>			Registration Number, if PAC		
Street Address <u>92 Hanford St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</u>	Amount <u>300.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Jeff Glavan</u>			Registration Number, if PAC		
Street Address <u>92 Hanford St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</u>	Amount <u>300.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43206</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>George Sicaras</u>			Registration Number, if PAC		
Street Address <u>2988 N. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</u>	Amount <u>1,000.00</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>Columbus Apartment Assn.</u>			Registration Number, if PAC <u>04146</u>		
Street Address <u>1225 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>0</u> <u>4</u> <u>24</u> <u>08</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

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Total expenditures this event.

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Page Total \$ 2,850.00