

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

07 JUL 24 AM 11:25

FILED

WELLS COUNTY BOARD OF ELECTIONS

Full Name of Committee <i>Committee for Joseph W. Testa</i>					Registration Number, if PAC		
Full Name of Candidate <i>Joseph W. Testa</i>							
Street Address <i>5412 Thornhill Ct.</i>				Office Sought <i>County Auditor</i>		District	
City <i>Grove City</i>				State <i>OH</i>		Zip Code <i>43123</i>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Semiannual <i>2007</i>		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<i>17,213.65</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>30,910.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>55.81</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>48,179.46</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>18,274.79</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>29,904.67</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Ross A. Chambers, Treasurer *RA Chambers*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

7/23/07
Date

Contribution pages *28*

Expenditure pages *8*

Other pages *15*

Total pages *51*

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>												
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
						0	3	1	2	0	7	26,845.00
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
						0	5	0	8	0	7	2,490.00
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
						0	7	2	0	0	7	1,575.00
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			
Full Name of Contributor							Registration Number, if PAC					
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)				
City		State		Zip Code		M	D	Y	Amount			

* 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)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Full Name				M	D	Y	Amount
Address		Type*	Zip Code	Form (Cash, Check, etc.)			
City	State						
Committee for Joseph W. Testa							
National City Bank							
155 E. Broad St.		IN		1	2	4	6.40
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	1	2	5.79
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	2	2	5.53
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	3	0	5.37
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	4	1	8.88
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	5	1	11.84
Columbus	OH		43215	NA			
National City Bank							
155 E. Broad St.		IN		0	6	0	12.00
Columbus	OH		43215	NA			
National City Bank							
				M	D	Y	Amount
				Form (Cash, Check, etc.)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Tim Donahue</i>							M	D	Y	Amount <i>322.82</i>
Address <i>2188 Case Rd.</i>							Purpose <i>Reimbursement - Supplies</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43224</i>	Check Number <i>3545</i>					
To Whom Paid <i>Angie Musselman</i>							M	D	Y	Amount <i>165.47</i>
Address <i>12999 Ridgeway Rd.</i>							Purpose <i>Reimbursement - Supplies</i>			
City <i>Orient</i>			State <i>OH</i>	Zip Code <i>43146</i>	Check Number <i>3547</i>					
To Whom Paid <i>National City Bank</i>							M	D	Y	Amount <i>13.98</i>
Address <i>155 E. Broad St.</i>							Purpose <i>Service Chase</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>NA</i>					
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>390.00</i>
Address <i>850 Twin Rivers Dr.</i>							Purpose <i>Postage</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>3548</i>					
To Whom Paid <i>Minuteman Press</i>							M	D	Y	Amount <i>756.83</i>
Address <i>70 S. Fourth St.</i>							Purpose <i>Printing</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>3549</i>					
To Whom Paid <i>National City Bank</i>							M	D	Y	Amount <i>11.18</i>
Address <i>155 E. Broad St.</i>							Purpose <i>Service Chase</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>NA</i>					
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>234.00</i>
Address <i>850 Twin Rivers Dr.</i>							Purpose <i>Postage</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>3550</i>					
To Whom Paid <i>Minuteman Press</i>							M	D	Y	Amount <i>505.73</i>
Address <i>70 S. Fourth St.</i>							Purpose <i>Printing</i>			
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>	Check Number <i>3552</i>					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Joseph W. Tecta										
To Whom Paid							M	D	Y	Amount
Postmaster							0	1	2	168.00
Address				Purpose						
850 Twin Rivers Dr.				Postage						
City			State	Zip Code		Check Number				
Columbus			OH	43215		3553				
To Whom Paid							M	D	Y	Amount
Postmaster							0	1	2	156.00
Address				Purpose						
850 Twin Rivers Dr.				Postage						
City			State	Zip Code		Check Number				
Columbus			OH	43215		3554				
To Whom Paid							M	D	Y	Amount
Crawleys Custom Frame							0	1	3	96.08
Address				Purpose						
1190 Mt. Vernon Ave.				Placque						
City			State	Zip Code		Check Number				
Columbus			OH	43203		3555				
To Whom Paid							M	D	Y	Amount
Tom Frissora							0	2	0	277.97
Address				Purpose						
520 Preservation Ln.				Reimbursement - Supplies						
City			State	Zip Code		Check Number				
Gahanna			OH	43230		3556				
To Whom Paid							M	D	Y	Amount
Hilliard Republican Club							0	2	0	210.00
Address				Purpose						
4369 Shire Cove				Tickets - 2/19 Event						
City			State	Zip Code		Check Number				
Hilliard			OH	43026		3557				
To Whom Paid							M	D	Y	Amount
Staples							0	2	1	78.99
Address				Purpose						
2321 Taylor Park Dr.				Supplies						
City			State	Zip Code		Check Number				
Reynoldsburg			OH	43068		3558				
To Whom Paid							M	D	Y	Amount
National City Bank							0	2	1	11.45
Address				Purpose						
155 E. Broad St.				Service Charge						
City			State	Zip Code		Check Number				
Columbus			OH	43215		NA				
To Whom Paid							M	D	Y	Amount
Shaun James							0	2	1	65.00
Address				Purpose						
8682 Davinston Dr.				Reimbursement - Supplies						
City			State	Zip Code		Check Number				
Dublin			OH	43017		3559				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee for Joseph W. Testa							
To Whom Paid				M	D	Y	Amount
Crawleys Custom Frame				0	22	607	96.08
Address		Purpose					
1190 Mt. Vernon Ave		Plaque					
City	State	Zip Code	Check Number				
Columbus	OH	43203	3560				
To Whom Paid				M	D	Y	Amount
Ohio Ethics Commission				0	30	507	40.00
Address		Purpose					
8 E. Long St.		Filing Fee					
City	State	Zip Code	Check Number				
Columbus	OH	43215	3561				
To Whom Paid				M	D	Y	Amount
Kroger				0	30	707	26.69
Address		Purpose					
150 W. Sycamore St.		Supplies - Swearing In					
City	State	Zip Code	Check Number				
Columbus	OH	43215	3562				
To Whom Paid				M	D	Y	Amount
Angie Musselman				0	30	707	252.26
Address		Purpose					
12999 Ridseway Rd.		Reimbursement - Swearing In Supplies					
City	State	Zip Code	Check Number				
Orient	OH	43146	3563				
To Whom Paid				M	D	Y	Amount
National City Bank				0	30	907	14.10
Address		Purpose					
155 E. Broad St.		Service Charge					
City	State	Zip Code	Check Number				
Columbus	OH	43215	NA				
To Whom Paid				M	D	Y	Amount
2B Printed				0	31	207	731.88
Address		Purpose					
70 S. Fourth St.		Printing					
City	State	Zip Code	Check Number				
Columbus	OH	43215	3564				
To Whom Paid				M	D	Y	Amount
Arveys				0	31	207	47.28
Address		Purpose					
431 E. Livingston Ave.		Supplies					
City	State	Zip Code	Check Number				
Columbus	OH	43215	3565				
To Whom Paid				M	D	Y	Amount
Kids Voting - Central Ohio				0	32	007	100.00
Address		Purpose					
191 W. Nationwide Blvd.		Contribution					
City	State	Zip Code	Check Number				
Columbus	OH	43215	3567				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Joseph W. Testa										
To Whom Paid						M	D	Y	Amount	
Southeast District CAAO						0	3	2	007	25.00
Address			Purpose							
18 Locust St.			Contribution							
City		State	Zip Code		Check Number					
Gallipolis		OH	45631		3568					
To Whom Paid						M	D	Y	Amount	
Franklin County Republican Party						0	4	0	207	200.00
Address			Purpose							
14 E. Gay St.			Contribution							
City		State	Zip Code		Check Number					
Columbus		OH	43215		3569					
To Whom Paid						M	D	Y	Amount	
National City Bank						0	4	1	007	52.85
Address			Purpose							
153 E. Broad St.			Service Charge & Deposit Tickets							
City		State	Zip Code		Check Number					
Columbus		OH	43215		NA					
To Whom Paid						M	D	Y	Amount	
Cards Direct						0	4	1	007	118.00
Address			Purpose							
200 Chisholm Pl.			Cards							
City		State	Zip Code		Check Number					
Piano		TX	75075		Acct Debit					
To Whom Paid						M	D	Y	Amount	
Milvets						0	4	1	207	190.00
Address			Purpose							
250 E. Broad St.			Contribution							
City		State	Zip Code		Check Number					
Columbus		OH	43215		3570					
To Whom Paid						M	D	Y	Amount	
Arveys						0	4	1	207	20.46
Address			Purpose							
431 E. Livingston Ave.			Supplies							
City		State	Zip Code		Check Number					
Columbus		OH	43215		3571					
To Whom Paid						M	D	Y	Amount	
Bexley Lions						0	4	1	607	75.00
Address			Purpose							
2926 E. Mound St.			Ad							
City		State	Zip Code		Check Number					
Columbus		OH	43209		3572					
To Whom Paid						M	D	Y	Amount	
Postmaster						0	4	1	607	312.00
Address			Purpose							
850 Twin Rivers Dr.			Postage							
City		State	Zip Code		Check Number					
Columbus		OH	43215		3573					

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Tests</i>										
To Whom Paid <i>Operation Feed</i>							M	D	Y	Amount <i>750.00</i>
Address <i>1625 W. Mound St.</i>				Purpose <i>Contribution</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43223</i>		Check Number <i>3574</i>				
To Whom Paid <i>2 B Printed</i>							M	D	Y	Amount <i>1,037.16</i>
Address <i>70 S. Farth St.</i>				Purpose <i>Printing</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3575</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>39.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3576</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>82.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3578</i>				
To Whom Paid <i>New Century Solutions</i>							M	D	Y	Amount <i>2,000.00</i>
Address <i>5466 Cedar Bush Rd.</i>				Purpose <i>Consulting</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43229</i>		Check Number <i>3579</i>				
To Whom Paid <i>Mitch Musselman</i>							M	D	Y	Amount <i>249.75</i>
Address <i>12999 Ridseway Rd.</i>				Purpose <i>Reimbursement - Supplies</i>						
City <i>Orient</i>			State <i>OH</i>	Zip Code <i>43146</i>		Check Number <i>3580</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>205.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3581</i>				
To Whom Paid <i>Postmaster</i>							M	D	Y	Amount <i>123.00</i>
Address <i>850 Twin Rivers Dr.</i>				Purpose <i>Postage</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>		Check Number <i>3582</i>				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Committee for Rob Montgomery</i>							M	D	Y	Amount <i>500.00</i>
Address <i>5290 Derringer Dr.</i>				Purpose <i>Contribution</i>						
City <i>Westerville</i>			State <i>OH</i>	Zip Code <i>43081</i>			Check Number <i>3583</i>			
To Whom Paid <i>Franklin County Republican Party</i>							M	D	Y	Amount <i>1,000.00</i>
Address <i>14 E. Gay St.</i>				Purpose <i>Contribution</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>			Check Number <i>3584</i>			
To Whom Paid <i>Franklin County Board of Elections</i>							M	D	Y	Amount <i>47.70</i>
Address <i>280 E. Broad St.</i>				Purpose <i>Copies</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43215</i>			Check Number <i>3585</i>			
To Whom Paid <i>Cindy Hardy</i>							M	D	Y	Amount <i>44.96</i>
Address <i>7970 Sethwick Rd.</i>				Purpose <i>Reimbursement - Supplies</i>						
City <i>Dublin</i>			State <i>OH</i>	Zip Code <i>43016</i>			Check Number <i>3586</i>			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC					
Committee for Joseph W. Testa									
Full Name of Contributor			Employer/Occupation/Labor Organization*			M	D	Y	Amount
Thomas Stewart						0	105	07	100.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
1385 Fontaine Dr.		Columbus		OH	43221	Check			
Full Name of Contributor				Registration Number, if PAC					
Ed Havenstein						M	D	Y	Amount
2926 E. Mound St.						0	205	07	100.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
2926 E. Mound St.		Columbus		OH	43209	Check			
Full Name of Contributor				Registration Number, if PAC					
Delena Ciamacco						M	D	Y	Amount
4531 E. Walnut St.						0	205	07	500.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
4531 E. Walnut St.		Westerville		OH	43081	Check			
Full Name of Contributor				Registration Number, if PAC					
Allen Shepherd						M	D	Y	Amount
6295 Cosgray Rd.						0	205	07	1,000.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
6295 Cosgray Rd.		Dublin		OH	43016	Check			
Full Name of Contributor				Registration Number, if PAC					
George Kontogiannis						M	D	Y	Amount
400 S. Fifth St.						0	205	07	100.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
400 S. Fifth St.		Columbus		OH	43215	Check			
Full Name of Contributor				Registration Number, if PAC					
Ed Carr						M	D	Y	Amount
6088 Nicholas Glen						0	205	07	75.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
6088 Nicholas Glen		Columbus		OH	43213	Check			
Full Name of Contributor				Registration Number, if PAC					
Mark Arnold						M	D	Y	Amount
13435 Milnor Rd.						0	205	07	150.00
Street Address		City		State	Zip Code	Form (Cash, Check, etc.)			
13435 Milnor Rd.		Pickerington		OH	43147	Check			

* 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 \$ 2,025.00

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>					Registration Number, if PAC			
Full Name of Contributor <u>John Haveisen</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>587 Fox Ln.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>150.00</u>
City <u>Worthington</u>			State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Reva Smart</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>2460 Donna Dr.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>30.00</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>Blaine Sickles</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>7997 Clark Ave.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>25.00</u>
City <u>Delin</u>			State <u>OH</u>	Zip Code <u>43017</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Jake Brewer</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>P.O. Box 13268</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>50.00</u>
City <u>Whitehall</u>			State <u>OH</u>	Zip Code <u>43213</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Dorothy Curtin</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>790 Kinothy Dr.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>25.00</u>
City <u>Westerville</u>			State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Robert Weiler</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>41 S. High St.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>1,000.00</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>Committee for Dewey Stokes</u>			Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address <u>750 Willow Bend Ln.</u>					<u>0</u>	<u>2</u>	<u>0</u>	<u>1,000.00</u>
City <u>Columbus</u>			State <u>OH</u>	Zip Code <u>43204</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 \$2,280.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee for Joseph W. Testa			Registration Number, if PAC			
Full Name of Contributor James Hildenbrand			Registration Number, if PAC			
Street Address P.O. Box 06237		Employer/Occupation/Labor Organization*	M	D	Y	Amount
City Columbus		State OH	4	3	2007	25.00
		Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor M/I Homes PAC			Registration Number, if PAC			
Street Address 3 Easton Oval			Registration Number, if PAC			
City Columbus		State OH	0	2	1607	200.00
		Zip Code 43219	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jean Chambers			Registration Number, if PAC			
Street Address 1892 Birkdale Dr.			Registration Number, if PAC			
City Columbus		State OH	0	2	1607	75.00
		Zip Code 43232	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Curtis			Registration Number, if PAC			
Street Address 865 Macon Alley			Registration Number, if PAC			
City Columbus		State OH	0	2	1607	75.00
		Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Paul M. Loper			Registration Number, if PAC			
Street Address 6321 E Livingston Ave.			Registration Number, if PAC			
City Reynoldsburg		State OH	0	2	1607	100.00
		Zip Code 43068	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bill Dawson			Registration Number, if PAC			
Street Address 5322 Castle Pines			Registration Number, if PAC			
City Columbus		State OH	0	2	1607	25.00
		Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Taylor Property Development, Ltd			Registration Number, if PAC			
Street Address 701 Morning St.			Registration Number, if PAC			
City Worthington		State OH	0	2	1607	75.00
		Zip Code 43085	Form (Cash, Check, etc.) Check			

* 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 \$ 575.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC	
Committee for Joseph W. Testa					
Full Name of Contributor			Registration Number, if PAC		
Nancy Taylor					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
701 Morning St.		0	21	607	75.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Worthington	OH	43085	Check		
Full Name of Contributor				Registration Number, if PAC	
John J. Chester					
Street Address			Registration Number, if PAC		
65 E. State St.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
65 E. State St.		0	21	607	1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor				Registration Number, if PAC	
Richard Talbott					
Street Address			Registration Number, if PAC		
4236 Shire Cove Rd.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4236 Shire Cove Rd.		0	21	607	1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Hilliard	OH	43026	Check		
Full Name of Contributor				Registration Number, if PAC	
Jeff Edwards					
Street Address			Registration Number, if PAC		
495 S. High St.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
495 S. High St.		0	22	607	1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor				Registration Number, if PAC	
CORPAC				CP401	
Street Address			Registration Number, if PAC		
2700 Airport Dr.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2700 Airport Dr.		0	22	607	1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43219	Check		
Full Name of Contributor				Registration Number, if PAC	
Gary Baas					
Street Address			Registration Number, if PAC		
959 Macbelle Way					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
959 Macbelle Way		0	22	607	75.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Westerville	OH	43081	Check		
Full Name of Contributor				Registration Number, if PAC	
Gary Koch					
Street Address			Registration Number, if PAC		
5381 Adventure Dr.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
5381 Adventure Dr.		0	22	607	200.00
City	State	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	Check		

* 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 \$ 4,350.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>					
Full Name of Contributor <i>Matt Mnich</i>				Registration Number, if PAC	
Street Address <i>7895 Silver Lake Ct.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 05 07</i>	Amount <i>200.00</i>
City <i>Westerville</i>	State <i>OH</i>	Zip Code <i>43082</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Dave White</i>				Registration Number, if PAC	
Street Address <i>5652 Oakmont Dr.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 05 07</i>	Amount <i>100.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43232</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Arlen Resnick</i>				Registration Number, if PAC	
Street Address <i>6917 Betsey Pl.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 05 07</i>	Amount <i>150.00</i>
City <i>Worthington</i>	State <i>OH</i>	Zip Code <i>43085</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>George Sicaras</i>				Registration Number, if PAC	
Street Address <i>2460 N. High St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 09 07</i>	Amount <i>200.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43202</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Rodney Wasserstrom</i>				Registration Number, if PAC	
Street Address <i>2655 Sherwood Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 09 07</i>	Amount <i>1,000.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>A.J. Myers</i>				Registration Number, if PAC	
Street Address <i>2463 Bextey Park</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 09 07</i>	Amount <i>1,000.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Robert Teater</i>				Registration Number, if PAC	
Street Address <i>3272 Cleve Hill</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 09 07</i>	Amount <i>150.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>		Form (Cash, Check, etc.) <i>Check</i>	

* 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 \$ 2,800.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
Committee for Joseph W. Testa							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
George Arnold				0	3	0907	75.00
Street Address		City		Form (Cash, Check, etc.)			
3020 Dale Ave.		Columbus		Check			
State		Zip Code					
OH		43209					
Full Name of Contributor				Registration Number, if PAC			
Guy Reece							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7191 Keystone Ranch				0	3	0907	75.00
City		Form (Cash, Check, etc.)					
Blacklick		Check					
State		Zip Code					
OH		43004					
Full Name of Contributor				Registration Number, if PAC			
John Rayer							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
145 N. High St.				0	3	0907	1,000.00
City		Form (Cash, Check, etc.)					
Columbus		Check					
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
Chris Soteriades							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
811 Northwest Blvd.				0	3	0907	75.00
City		Form (Cash, Check, etc.)					
Columbus		Check					
State		Zip Code					
OH		43212					
Full Name of Contributor				Registration Number, if PAC			
Advocates for Effective Government				OH 108			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
52 E. Gay St.				0	3	0907	1,000.00
City		Form (Cash, Check, etc.)					
Columbus		Check					
State		Zip Code					
OH		43215					
Full Name of Contributor				Registration Number, if PAC			
Eric Lawler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
13831 Sunloden Dr.				0	3	1307	600.00
City		Form (Cash, Check, etc.)					
Pickerington		Check					
State		Zip Code					
OH		43147					
Full Name of Contributor				Registration Number, if PAC			
Steve Hartzler							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1185 S. Galena Rd.				0	3	1307	150.00
City		Form (Cash, Check, etc.)					
Galena		Check					
State		Zip Code					
OH		43021					

* 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 \$ 2,975.00

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. Tests</u>					
Full Name of Contributor <u>Tom Tanerff</u>				Registration Number, if PAC	
Street Address <u>600 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>100.00</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>Ron Sams</u>				Registration Number, if PAC	
Street Address <u>138 Jara-K Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>100.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43207</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>James Kime</u>				Registration Number, if PAC	
Street Address <u>2530 W. 5th Ave</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>5.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43204</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Don Shackelford</u>				Registration Number, if PAC	
Street Address <u>21 E. State St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>225.00</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>Vra Hunter</u>				Registration Number, if PAC	
Street Address <u>4076 E. Main St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC	
Street Address <u>141 E. Town St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</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>Huntington Bancshares PAC</u>				Registration Number, if PAC <u>CO0165589</u>	
Street Address <u>41 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 13 07</u>	Amount <u>300.00</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 \$ 1,030.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph W. Testa						Registration Number, if PAC OK146	
Full Name of Contributor Columbus Apartment Assn.				M D Y 03 13 07		Amount 1,000.00	
Street Address 1225 Dublin Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215				
Full Name of Contributor Mark Arnold				M D Y 03 13 07		Amount 150.00	
Street Address 13435 Milnor Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Pickerington		State OH	Zip Code 43147				
Full Name of Contributor Jeff Miller				M D Y 03 13 07		Amount 500.00	
Street Address 6674 Hermitage Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Westerville		State OH	Zip Code 43082				
Full Name of Contributor Rex Elsass				M D Y 03 13 07		Amount 300.00	
Street Address 9110 Tartan Fields Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Dublin		State OH	Zip Code 43017				
Full Name of Contributor Carl Christman				M D Y 03 13 07		Amount 600.00	
Street Address 114 Dorchester Sq.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Westerville		State OH	Zip Code 43081				
Full Name of Contributor AFPD Ohio PAC				M D Y 03 13 07		Amount 150.00	
Street Address 30415 W. 13 Mile Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Farminston Hills		State MI	Zip Code 48334				
Full Name of Contributor Joe Testa				M D Y 03 13 07		Amount 150.00	
Street Address 5412 Thornhill Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check			
City Grace City		State OH	Zip Code 43123				

* 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 \$ 2,850.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>					
Full Name of Contributor <i>Nelson Kohman</i>				Registration Number, if PAC	
Street Address <i>10039 Hollow Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>500.00</i>
City <i>Pataaskala</i>	State <i>OH</i>	Zip Code <i>43062</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>John Brandt</i>				Registration Number, if PAC	
Street Address <i>5787 Smothers Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>35.00</i>
City <i>Westerville</i>	State <i>OH</i>	Zip Code <i>43081</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Dag Anderson</i>				Registration Number, if PAC	
Street Address <i>2525 Wimbledon Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>1,000.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43220</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Laurence Ruben</i>				Registration Number, if PAC	
Street Address <i>140 S. Columbia Ave.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>1,000.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Marianne Collins</i>				Registration Number, if PAC	
Street Address <i>423 Hickory Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>600.00</i>
City <i>Westerville</i>	State <i>OH</i>	Zip Code <i>43081</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>R L Richards</i>				Registration Number, if PAC	
Street Address <i>5398 Preston Mill Way</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>1,000.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>		Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Harley E. Rowda</i>				Registration Number, if PAC	
Street Address <i>2285 Yorkshire Rd.</i>		Employer/Occupation/Labor Organization*		M D Y <i>03 22 07</i>	Amount <i>100.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43221</i>		Form (Cash, Check, etc.) <i>Check</i>	

* 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 \$ 4,235.00

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>Paul Griesse</u>				Registration Number, if PAC	
Street Address <u>2640 North St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>03 26 07</u>	Amount <u>150.00</u>
City <u>Granville</u>		State <u>OH</u>	Zip Code <u>43023</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Richard Rayer</u>				Registration Number, if PAC	
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>04 16 07</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>	
Full Name of Contributor <u>Steven Boone</u>				Registration Number, if PAC	
Street Address <u>1780 Welsh Hills Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>04 30 07</u>	Amount <u>1,600.00</u>
City <u>Granville</u>		State <u>OH</u>	Zip Code <u>43023</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor <u>Total Employee Contributions From Form 31-E</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount <u>2,075.00</u>
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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 \$ 3,725.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Monaco's Palace</i>							M	D	Y	Amount <i>650.00</i>
Address <i>4555 Cleveland Ave.</i>				Purpose <i>Deposit - 3/12 Event</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43231</i>	Check Number <i>3551</i>					
To Whom Paid <i>Monacos Palace</i>							M	D	Y	Amount <i>5,838.12</i>
Address <i>4555 Cleveland Ave.</i>				Purpose <i>Expenses - 3/12 Event</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43231</i>	Check Number <i>3566</i>					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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>				Registration Number, if PAC			
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	Amount
<u>Dublin</u>		State <u>OH</u>	Zip Code <u>43017</u>	<u>0</u>	<u>4</u>	<u>3007</u>	<u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Helen Sprankel</u>				Registration Number, if PAC			
Street Address <u>847 E. North Broadway</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43224</u>	<u>0</u>	<u>4</u>	<u>3007</u>	<u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Celia Farker</u>				Registration Number, if PAC			
Street Address <u>1942 Stelzer Ave.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43219</u>	<u>0</u>	<u>4</u>	<u>3007</u>	<u>35.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Dorothy Curtin</u>				Registration Number, if PAC			
Street Address <u>790 Kinomthy Dr</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	<u>0</u>	<u>4</u>	<u>3007</u>	<u>25.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC			
Street Address <u>141 E. Town St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>4</u>	<u>3007</u>	<u>70.00</u>
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Ed Havenstein</u>				Registration Number, if PAC			
Street Address <u>2926 E. Mound St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43209</u>	<u>0</u>	<u>50407</u>	<u>50.00</u>	
Form (Cash, Check, etc.) <u>Check</u>							
Full Name of Contributor <u>Herb Glincher</u>				Registration Number, if PAC			
Street Address <u>150 E. Broad St.</u>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<u>Columbus</u>		State <u>OH</u>	Zip Code <u>43215</u>	<u>0</u>	<u>50707</u>	<u>100.00</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 \$ 330.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>				
Full Name of Contributor <i>Paul Lopez</i>			Registration Number, if PAC	
Street Address <i>6321 E. Livingston Ave</i>		Employer/Occupation/Labor Organization*	M D Y <i>050707</i>	Amount <i>70.00</i>
City <i>Reynoldsburg</i>	State <i>OH</i>	Zip Code <i>43068</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Jameson Crane</i>			Registration Number, if PAC	
Street Address <i>299 N. Parkview</i>		Employer/Occupation/Labor Organization*	M D Y <i>050707</i>	Amount <i>250.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Bob Mondt</i>			Registration Number, if PAC	
Street Address <i>1418 Terry Dr.</i>		Employer/Occupation/Labor Organization*	M D Y <i>050907</i>	Amount <i>35.00</i>
City <i>Reynoldsburg</i>	State <i>OH</i>	Zip Code <i>43068</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Ray Parker</i>			Registration Number, if PAC	
Street Address <i>104 S. Gault Rd.</i>		Employer/Occupation/Labor Organization*	M D Y <i>050907</i>	Amount <i>35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43209</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Ron Milburn</i>			Registration Number, if PAC	
Street Address <i>6082 Memorial Dr.</i>		Employer/Occupation/Labor Organization*	M D Y <i>050907</i>	Amount <i>35.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43017</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Shoemaker Howarth & Taylor</i>			Registration Number, if PAC	
Street Address <i>471 E. Broad St.</i>		Employer/Occupation/Labor Organization*	M D Y <i>052407</i>	Amount <i>50.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43215</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Total Employee Contributions From Form 31-G</i>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*	M D Y	Amount <i>1,685.00</i>
City	State	Zip Code	Form (Cash, Check, etc.)	

* 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 \$ 2,160.00

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>										
To Whom Paid <i>Planks</i>							M	D	Y	Amount <i>643.00</i>
Address <i>888 S. High St.</i>				Purpose <i>Expenses - 5/8 Event</i>						
City <i>Columbus</i>			State <i>OH</i>	Zip Code <i>43206</i>			Check Number <i>3577</i>			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City			State	Zip Code			Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

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>06 08 07</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>Delena Ciamacco</u>				Registration Number, if PAC	
Street Address <u>4531 E. Walnut St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>06 12 07</u>	Amount <u>600.00</u>
City <u>Westerville</u>		State <u>OH</u>	Zip Code <u>43081</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Robert Jeffrey</u>				Registration Number, if PAC	
Street Address <u>296 Ashburne Pl.</u>		Employer/Occupation/Labor Organization*		M D Y <u>06 12 07</u>	Amount <u>100.00</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>John Havesen</u>				Registration Number, if PAC	
Street Address <u>587 Fox Lane</u>		Employer/Occupation/Labor Organization*		M D Y <u>06 25 07</u>	Amount <u>150.00</u>
City <u>Worthington</u>		State <u>OH</u>	Zip Code <u>43085</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Sam Koon</u>				Registration Number, if PAC	
Street Address <u>141 E. Town St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>06 25 07</u>	Amount <u>50.00</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>06 25 07</u>	Amount <u>600.00</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>Total Employee Contributions From Form 31-G</u>				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount <u>50.00</u>
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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 \$ 1,575.00

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M	D	Y	Amount
			<u>0</u>	<u>10</u>	<u>507</u>	<u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M	D	Y	Amount
			<u>0</u>	<u>10</u>	<u>507</u>	<u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M	D	Y	Amount
			<u>0</u>	<u>20</u>	<u>507</u>	<u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M	D	Y	Amount
			<u>0</u>	<u>20</u>	<u>507</u>	<u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Gene Hinterschied</u>						
Street Address <u>5856 Thorngate Dr.</u>			M	D	Y	Amount
			<u>0</u>	<u>21</u>	<u>607</u>	<u>25.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>	Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Vance Cerasini</u>						
Street Address <u>2105 Jodilee Ct.</u>			M	D	Y	Amount
			<u>0</u>	<u>30</u>	<u>507</u>	<u>150.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43228</u>	Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>							
Full Name of Contributor <u>Gary Haynes</u>							
Street Address <u>239 Prince of Wales Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>05</u>	<u>07</u>	<u>75.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Michelle Click</u>							
Street Address <u>13412 W. Bank Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>06</u>	<u>07</u>	<u>75.00</u>
City <u>Millersport</u>	State <u>OH</u>	Zip Code <u>43046</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Sally Daneski</u>							
Street Address <u>9658 Wasarwood Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>06</u>	<u>07</u>	<u>100.00</u>
City <u>Pickerington</u>	State <u>OH</u>	Zip Code <u>43147</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Chris Holdrieth</u>							
Street Address <u>5547 Channing Way</u>				M	D	Y	Amount
				<u>03</u>	<u>09</u>	<u>07</u>	<u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43213</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Sharon James</u>							
Street Address <u>8682 Davington Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</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>Gary Woodward</u>							
Street Address <u>4665 Brixshire Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</u>
City <u>Hilliard</u>	State <u>OH</u>	Zip Code <u>43026</u>		Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tests</u>							
Full Name of Contributor <u>Dana Hughes</u>							
Street Address <u>2871 Annabelle Ct</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</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>Tony Frissora</u>							
Street Address <u>520 Preservation Ln.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>150.00</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>George Mance</u>							
Street Address <u>3741 Kinsey Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43224</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Ken Perry</u>							
Street Address <u>170 Laurel Dr.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>150.00</u>
City <u>Pataskala</u>	State <u>OH</u>	Zip Code <u>43062</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>Kimbol Stroud</u>							
Street Address <u>947 Cham Ln.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</u>
City <u>Columbus</u>	State <u>OH</u>	Zip Code <u>43240</u>		Form (Cash, Check, etc.) <u>Check</u>			
Full Name of Contributor <u>John Price</u>							
Street Address <u>505 Whitney Ave.</u>				M	D	Y	Amount
				<u>03</u>	<u>13</u>	<u>07</u>	<u>75.00</u>
City <u>Worthington</u>	State <u>OH</u>	Zip Code <u>43085</u>		Form (Cash, Check, etc.) <u>Check</u>			

The above are employees of a unit or department under the direct supervision and control of Joseph W. Tests, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

RA. Chula (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>								
Full Name of Contributor <i>Agatha Shields</i>								
Street Address <i>359 Forestwood Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>13</i>	<i>07</i>	<i>150.00</i>
City <i>Gahanna</i>	State <i>OH</i>	Zip Code <i>43230</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Marij Kruse</i>								
Street Address <i>1733 White Rd.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>13</i>	<i>07</i>	<i>200.00</i>
City <i>Grace City</i>	State <i>OH</i>	Zip Code <i>43123</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Cindy Harady</i>								
Street Address <i>7970 Sethwick Rd.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>13</i>	<i>07</i>	<i>75.00</i>
City <i>Dublin</i>	State <i>OH</i>	Zip Code <i>43016</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Laurie Ludlum</i>								
Street Address <i>1615 Dundee Ct.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>13</i>	<i>07</i>	<i>75.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43227</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Jacalyn Federer</i>								
Street Address <i>3512 Vintage Woods Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>21</i>	<i>07</i>	<i>75.00</i>
City <i>Hilliard</i>	State <i>OH</i>	Zip Code <i>43026</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Ross Chambers</i>								
Street Address <i>12364 Thoroughbred Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>3</i>	<i>21</i>	<i>07</i>	<i>150.00</i>
City <i>Pickerington</i>	State <i>OH</i>	Zip Code <i>43147</i>		Form (Cash, Check, etc.) <i>Check</i>				

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>			
Full Name of Contributor <i>Total of Pages 25 Thru 28</i>			
Street Address <i>Transferred To Form 31-E</i>			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			
City			M D Y Amount
State			Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			
City			M D Y Amount
State			Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			
City			M D Y Amount
State			Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			
City			M D Y Amount
State			Form (Cash, Check, etc.)
Full Name of Contributor			
Street Address			
City			M D Y Amount
State			Form (Cash, Check, etc.)

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

[Signature] (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Committee for Joseph W. Testa</i>								
Full Name of Contributor <i>Sally Damcsek</i>								
Street Address <i>9658 Wagonwood Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>40</i>	<i>7</i>	<i>40.00</i>
City <i>Pickerington</i>	State <i>OH</i>	Zip Code <i>43147</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Mark Calhoun</i>								
Street Address <i>5641 Dorsey Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>40</i>	<i>7</i>	<i>35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43235</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Julie Dixon</i>								
Street Address <i>1402 Cascade Dr</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>70</i>	<i>7</i>	<i>35.00</i>
City <i>Grave City</i>	State <i>OH</i>	Zip Code <i>43123</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Michelle Wolfe</i>								
Street Address <i>1269 Farcharm Dr.</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>70</i>	<i>7</i>	<i>35.00</i>
City <i>New Albany</i>	State <i>OH</i>	Zip Code <i>43054</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Angie Musselman</i>								
Street Address <i>12999 Ridgeway Rd.</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>80</i>	<i>7</i>	<i>35.00</i>
City <i>Orient</i>	State <i>OH</i>	Zip Code <i>43146</i>		Form (Cash, Check, etc.) <i>Check</i>				
Full Name of Contributor <i>Brenda Toops</i>								
Street Address <i>3424 Arnsby Rd.</i>				M	D	Y	Amount	
				<i>0</i>	<i>50</i>	<i>80</i>	<i>7</i>	<i>35.00</i>
City <i>Columbus</i>	State <i>OH</i>	Zip Code <i>43232</i>		Form (Cash, Check, etc.) <i>Check</i>				

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

B.A. Chis (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Testa</u>						
Full Name of Contributor <u>Tony Frissora</u>						
Street Address <u>520 Preservation Ln.</u>			M	D	Y	Amount
City <u>Cahanna</u>			0	5	8	70.00
State <u>OH</u>			Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mona Aswad</u>						
Street Address <u>852 Tamara Dr.</u>			M	D	Y	Amount
City <u>Cahanna</u>			0	5	8	35.00
State <u>OH</u>			Zip Code <u>43230</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Kimberl Stroud</u>						
Street Address <u>947 Chara Ln.</u>			M	D	Y	Amount
City <u>Columbus</u>			0	5	8	35.00
State <u>OH</u>			Zip Code <u>43240</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Kerri Ritchie</u>						
Street Address <u>6 W. Race St.</u>			M	D	Y	Amount
City <u>Mechanicsburg</u>			0	5	8	35.00
State <u>OH</u>			Zip Code <u>43044</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Mary Warden</u>						
Street Address <u>1680 Thrailkill Rd.</u>			M	D	Y	Amount
City <u>Grave City</u>			0	5	8	35.00
State <u>OH</u>			Zip Code <u>43123</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Vance Cerasini</u>						
Street Address <u>2105 Jodilee Ct.</u>			M	D	Y	Amount
City <u>Columbus</u>			0	5	9	35.00
State <u>OH</u>			Zip Code <u>43228</u>		Form (Cash, Check, etc.) <u>Check</u>	

The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office

of County Auditor. I hereby affirm that each contribution was voluntarily made.

Paul Chisholm (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

