

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
DEC 15 AM 11:15

FRANKLIN COUNTY
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 checked="" type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		M D Y <i>1 1 0706</i>	

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(F) for details.

1. Amount brought forward from last report	\$ 24,410	.18	✓
2. Total monetary contributions (From Form No. 31-A)	\$ 27,900	.00	✓
3. Total other income (From Form No. 31-A-2)	\$ 1,923	.16	✓
4. Total funds available (sum of lines 1, 2, 3)	\$ 54,233	.34	✓
5. Total monetary expenditures (From Form No. 31-B)	\$ 37,019	.69	✓
6. Balance on hand (line 4 minus line 5)	\$ 17,213	.65	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,282	.11	✓
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 *RAC*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature

12/14/06
Date

Contribution pages 14

Expenditure pages 3

Other pages 7

Total pages 24

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	
					1	0	2	3	06 1,750.00 ✓
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	
					1	0	2	5	06 3,150.00 ✓
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	
					1	1	0	06 6,400.00 ✓	
Full Name of Contributor <i>Total Employee Contributions From Form 316</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
									100.00 ✓
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	

* 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 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>Franklin County Republican Party</i>						Registration Number, if PAC	
Street Address <i>14 E. Gay St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		M <i>11</i>	D <i>01</i>	Y <i>06</i>
Amount		<i>15,000.00</i>					
Full Name of Contributor <i>J.P. Morgan Chase PAC</i>						Registration Number, if PAC <i>C00128512</i>	
Street Address <i>270 Park Ave.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>New York</i>		State <i>NY</i>	Zip Code <i>10017</i>		M <i>11</i>	D <i>02</i>	Y <i>06</i>
Amount		<i>1,000.00</i>					
Full Name of Contributor <i>Schottenstein, Zox & Dunn</i>						Registration Number, if PAC	
Street Address <i>250 West St.</i>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>	
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>		M <i>11</i>	D <i>02</i>	Y <i>06</i>
Amount		<i>500.00</i>					
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 <i>Committee for Joseph W. Testa</i>						Registration Number, if PAC			
Full Name <i>National City Bank</i>				Type* <i>IN</i>		M	D	Y	Amount
Address <i>155 E. Broad St.</i>				State <i>OH</i>		Zip Code <i>43215</i>		<i>110906</i>	<i>11.35</i>
City <i>Columbus</i>				Form (Cash, Check, etc.) <i>NA</i>					
Full Name <i>Radi. Ohio Inc</i>						Registration Number, if PAC			
Address <i>605 S. Front St.</i>				Type* <i>RE</i>		M	D	Y	Amount
City <i>Columbus</i>				State <i>OH</i>		Zip Code <i>43215</i>		<i>112006</i>	<i>450.00</i>
				Form (Cash, Check, etc.) <i>Check</i>					
Full Name <i>American Eagle</i>						Registration Number, if PAC			
Address <i>401 W. Nationwide</i>				Type* <i>RE</i>		M	D	Y	Amount
City <i>Columbus</i>				State <i>OH</i>		Zip Code <i>43215</i>		<i>112006</i>	<i>295.13</i>
				Form (Cash, Check, etc.) <i>Check</i>					
Full Name <i>American Eagle</i>						Registration Number, if PAC			
Address <i>401 W. Nationwide</i>				Type* <i>RE</i>		M	D	Y	Amount
City <i>Columbus</i>				State <i>OH</i>		Zip Code <i>43215</i>		<i>112006</i>	<i>1,166.68</i>
				Form (Cash, Check, etc.) <i>Check</i>					
Full Name						Registration Number, if PAC			
Address				Type*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC			
Address				Type*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC			
Address				Type*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc.)	
Full Name						Registration Number, if PAC			
Address				Type*		M	D	Y	Amount
City				State		Zip Code		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											
To Whom Paid							M	D	Y	Amount	
Committee for Joseph W. Testa							1	0	19	06	600.00
Address				Purpose							
1685 Woodland Ave				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43219		3529					
To Whom Paid							M	D	Y	Amount	
American Eagle							1	0	19	06	2,500.00
Address				Purpose							
1685 Woodland Ave				Postage							
City			State	Zip Code		Check Number					
Columbus			OH	43219		3530					
To Whom Paid							M	D	Y	Amount	
American Eagle							1	0	23	06	700.00
Address				Purpose							
1685 Woodland Ave.				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43219		3531					
To Whom Paid							M	D	Y	Amount	
American Eagle							1	0	23	06	5,000.00
Address				Purpose							
1685 Woodland Ave.				Postage							
City			State	Zip Code		Check Number					
Columbus			OH	43219		3533					
To Whom Paid							M	D	Y	Amount	
Majority Communications							1	0	23	06	2,800.00
Address				Purpose							
274 Marconi Blvd				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3534					
To Whom Paid							M	D	Y	Amount	
North American Broadcasting							1	0	24	06	4,450.00
Address				Purpose							
1458 Dublin Rd.				Media Buy							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3535					
To Whom Paid							M	D	Y	Amount	
Minuteman Press							1	0	31	06	761.59 (761.59)
Address				Purpose							
70 S. Fawth St.				Printing							
City			State	Zip Code		Check Number					
Columbus			OH	43215		3536					
To Whom Paid							M	D	Y	Amount	
Strategic Media Placement							1	0	31	06	15,000.00
Address				Purpose							
3944 North Hampton				Media Buy							
City			State	Zip Code		Check Number					
Powell			OH	43065		3537					

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
Kroger							11	06	06	85.35
Address				Purpose						
6095 Gender Rd				Beverages - 11/7						
City			State	Zip Code	Check Number					
Canal Winchester			OH	43110	3538					
To Whom Paid							M	D	Y	Amount
Andersons							11	07	06	446.24
Address				Purpose						
7000 Bent Tree Blvd.				Food & Supplies - 11/7						
City			State	Zip Code	Check Number					
Columbus			OH	43235	3539					
To Whom Paid							M	D	Y	Amount
Sams Club							11	07	06	137.77
Address				Purpose						
5870 Sawmill Rd.				Food & Supplies - 11/7						
City			State	Zip Code	Check Number					
Dublin			OH	43017	3540					
To Whom Paid							M	D	Y	Amount
Hampton Inn Suites							11	08	06	368.08
Address				Purpose						
501 N. High St.				Suite - 11/7						
City			State	Zip Code	Check Number					
Columbus			OH	43215	3541					
To Whom Paid							M	D	Y	Amount
Aud. + PAC							11	08	06	100.00
Address				Purpose						
66 E. Lynn St.				Contribution						
City			State	Zip Code	Check Number					
Columbus			OH	43215	3542					
To Whom Paid							M	D	Y	Amount
National City Bank							11	09	06	10.00
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
New Century Solutions							11	20	06	3,000.00
Address				Purpose						
5466 Cedar Bush Rd.				Consulting						
City			State	Zip Code	Check Number					
Columbus			OH	43229	3543					
To Whom Paid							M	D	Y	Amount
Deborah Harding							11	29	06	60.66
Address				Purpose						
1164 Whitney Ln.				Reimbursement - Supplies						
City			State	Zip Code	Check Number					
Westerville			OH	43081	3544					

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>Dr. Lewis for Coroner Committee</i>				Registration Number, if PAC	
Street Address <i>52 E. Gay St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 20 06</i>	Amount <i>150.00</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>Mcram Brachman</i>				Registration Number, if PAC	
Street Address <i>311 N. Drexel Ave.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 23 06</i>	Amount <i>200.00</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>Paul Loper</i>				Registration Number, if PAC	
Street Address <i>6321 E. Livingston Ave.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 23 06</i>	Amount <i>500.00</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>Greg Comfort</i>				Registration Number, if PAC	
Street Address <i>2275 Chandaga Dr.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 23 06</i>	Amount <i>250.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43221</i>	Form (Cash, Check, etc.) <i>Check</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>10 23 06</i>	Amount <i>250.00</i>
City <i>Pataskala</i>		State <i>OH</i>	Zip Code <i>43062</i>	Form (Cash, Check, etc.) <i>Check</i>	
Full Name of Contributor <i>Cheryl Klekotka</i>				Registration Number, if PAC	
Street Address <i>6937 Whitetail Ln.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 23 06</i>	Amount <i>50.00</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>Jeff Edwards</i>				Registration Number, if PAC	
Street Address <i>495 S. High St.</i>		Employer/Occupation/Labor Organization*		M D Y <i>10 23 06</i>	Amount <i>150.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</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

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Total expenditures this event.

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Page Total \$ 1,550.00

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>Marvin Farley</i>				Registration Number, if PAC			
Street Address <i>13430 Winchester Rd.</i>		Employer/Occupation/Labor Organization*		M	D	Y	Amount <i>200.00</i>
City <i>Asheville</i>		State <i>OH</i>	Zip Code <i>43103</i>	Form (Cash, Check, etc.) <i>Check</i>			
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.)			
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.)			
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.)			

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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 \$ 200.00

In-Kind 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>George Henry</i>		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address <i>555 S. Front St.</i>		Description of Item or Service <i>Food & Beverage</i>		M D Y Fair Market Value <i>1 0 2 3 0 6 450.00</i>
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43215</i>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

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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 Steven Hess		Registration Number, if PAC	
Street Address 4500 Dublin Rd.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 3 0 6	Amount 150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Matt Stavroff		Registration Number, if PAC	
Full Name of Contributor Matt Stavroff		Registration Number, if PAC	
Street Address 565 Metro Pl. S.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 3 0 6	Amount 150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Joseph Sugar		Registration Number, if PAC	
Full Name of Contributor Joseph Sugar		Registration Number, if PAC	
Street Address 2325 Coventry Rd.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 3 0 6	Amount 150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Herb Glimcher		Registration Number, if PAC	
Full Name of Contributor Herb Glimcher		Registration Number, if PAC	
Street Address 4130 E. Fifth Ave.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 3 0 6	Amount 500.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Ron Sabatino		Registration Number, if PAC	
Full Name of Contributor Ron Sabatino		Registration Number, if PAC	
Street Address 3895 Stoneridge Ln.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 0 6	Amount 100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Cash
Full Name of Contributor Kevin Grooms		Registration Number, if PAC	
Full Name of Contributor Kevin Grooms		Registration Number, if PAC	
Street Address 5896 Leven Links Ct.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 0 6	Amount 50.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Cash
Full Name of Contributor John Royer		Registration Number, if PAC	
Full Name of Contributor John Royer		Registration Number, if PAC	
Street Address 10 W. Broad St.	Employer/Occupation/Labor Organization*	M D Y 1 0 2 6 0 6	Amount 500.00
City Columbus	State OH	Zip Code 43215	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

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Total expenditures this event.

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Page Total \$ 1,600.00

