

Ohio Campaign Finance Report

09 JAN 29 PM 2: 31

Prescribed by Secretary of State 3/05

FRANKLIN 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	<input checked="" type="checkbox"/> Annual Year <i>2008</i>
	<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 type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D	Y	

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>48,725.88</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>17,510.00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>98.75</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>66,334.63</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>20,281.29</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>46,053.34</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* *1/29/09*
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages *25*

Expenditure pages *8*

Other pages *15*

Total pages *48*

Statement of Contributions Received

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 of Contributor <i>Contributions From Form 31-E</i>							Form (Cash, Check, etc.)	
Street Address			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y	<i>080808 14,450.00</i>	
Full Name of Contributor <i>Contributions From Form 31-E</i>							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y	<i>100808 3,060.00</i>	
Full Name of Contributor							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y		
Full Name of Contributor							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y		
Full Name of Contributor							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y		
Full Name of Contributor							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y		
Full Name of Contributor							Registration Number, if PAC	
Street Address							Form (Cash, Check, etc.)	
City			Employer/Occupation/Labor Organization*			Amount		
City		State	Zip Code	M	D	Y		

* 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
Committee for Joseph W. Testa										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			0	7	08	15.06		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			0	8	08	13.99		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			0	9	08	15.07		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			1	0	08	15.76		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			1	1	08	13.45		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			1	2	08	11.73		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
Address		Type*			M	D	Y	Amount		
155 E. Broad St.		IN			0	1	09	13.69		
City		State	Zip Code		Form (Cash, Check, etc.)					
Columbus		OH	43215		NA					
National City Bank										
National City Bank										
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.