31-E R.C. 3517.10(B)

## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date_	3/15/06	
Page 14		

				·	
Name of Committee in Full					
Committee for Joseph W. Testa					
Full Name of Contributor				Registration Number, if PAC	
Street Address					
Street Address	Employer	Occupati	on/Labor Organization*	M D Y Amount	
5759 Grackle Ln.				022706 150-00	ı
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Westerille	0	1-1	43081	Check	
Full Name of Contributor	1 .			Registration Number, if PAC	وهمسبر
Dave White					
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount	
5534 Worcester D.	Zinpioye.	Оссирии	0.0 2.001 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	022706 75-00	,
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
	0	H	43232	Check	
Full Name of Contributor		• •		Registration Number, if PAC	;;;;;
l				,	į
Street Address	Emples	· · · · · · · · · · · · · · · · · · ·	on/Labor Organization*	M D Y Amount	_
363 Meditation Ln.	Employer	Occupan	on/Labor Organization*	022706 75.00	
City	Sta	to	Zip Code	Form (Cash, Check, etc.)	
Columbis	0	1-1	4-3235		
	0	<i>j</i> -1		Registration Number, if PAC	
Full Name of Contributor				registration runnou, it is	
Very 11kHtce	T			M D Y Amount	
Street Address	Employer	Occupation	on/Labor Organization*		
2145 Keltonshire He	ļ		7. 0.1.	6 2 2 7 0 6 75 -00 Form (Cash, Check, etc.)	
City	Sta		Zip Code		
Columbis	0	1-1	43229	Check	n A.
Full Name of Contributor				Registration Number, if PAC	
Jan Koon					
Street Address	Employer	Occupati	ion/Labor Organization*	M D Y Amount	_
141 E. Town St.		,		022706 450.00	<u>)                                    </u>
City		te	Zip Code	Form (Cash, Check, etc.)	
Celumbs	0	H	43215	Check	
Full Name of Contributor	/	5	1 00	Registration Number, if PAC	
Benesch, Friedlander, Copl	lan	e f	tronott		
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount	
200 Public Sq.				030606 300.00	)
City	St	te	Zip Code	Form (Cash, Check, etc.)	
Cleveland	0	H	44114	Check	
Full Name of Contributor	<del></del>			Registration Number, if PAC	
Dave White					
Street Address	Employe	/Occupati	ion/Labor Organization*	M D Y Amount	
5652 Oakmont Dr.				030602 50.00	
City	St	te	Zip Code	Form (Cash, Check, etc.)	
( Colymbia	0	H	43232	Check	
			······································	3	

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 No. 31-E" and list the date of the event in the date column

Tallaret the Total controlled			
otal contributions this event		Total expenditures this event.	
	indical property and the second secon		Page Total \$ 1,175.00

<sup>\*</sup> 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)]