Event Date 5/24/06

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

	Prescribed by Secretary of State 2/01	19.		
Name of Committee in Full Committee for Joseph W. Testa				
Full Name of Contributor	W. ICSTA	Registration Number, if PAC		
Celia Forker				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
1942 Stelzer Rd.	Sta te Zip Code	6 4 2 6 0 6 35-00 Form (Cash, Check, etc.)		
Colombis	0 4 43219	Check		
Full Name of Contributor		Registration Number, if PAC		
Blaine Sickles		M I N I M I Amount		
Street Address 7997 Clark Ave.	Employer/Occupation/Labor Organization*	050806 25-00		
City D / /	Sta te Zip Code	Form (Cash, Check, etc.)		
Delia	0 H 43017	Check Back		
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
319 Thurnan Ave.	Sta te Zip Code	051106 35.00 Form (Cash, Check, etc.)		
Columbs	0 H 43206	Check		
Full Name of Contributor		Registration Number, if PAC		
Mesan Browning		M I N I M I M		
Street Address 1.95 Hartford St.	Employer/Occupation/Labor Organization*	0 5 1 5 0 6 100.00		
City	State Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	0 H 43685	Registration Number, if PAC		
Shoemaker, Howarth & Taylor LLP				
Street Address Broad St.	Employer/Occupation/Labor Organization*	M D Y Amount 35-00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Columbis	0 H 43215	Check		
Janes Van De Water		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
Gity	Stelte 17in Code	052206 10.80 Form (Cash, Check, etc.)		
Canal Winchester	Sta te Zip Code	Check		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
2926 E. Mound St.		052406 50-00		
City / L	Sta te Zip Code O H 43209	Form (Cash, Check, etc.)		
Colonos	0 H 43209	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 No. 31-E" and list the date of the event in the date column

Total contributions this event		Total expenditures this event.	
	. og ifygar - omskere dal ^a -		Page Total \$ 290.00
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