31-E R.C. 3517.10(B)

Total contributions this event

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

Event Date <u>7 60 (07</u> Page <u>10</u>

Page Total \$ 2, 400.00

Prescribed by Secretary of State 2/01			
Name of Committee in Full			
Connittee for Joseph W. Tester			
Full Name of Contributor			Registration Number, if PAC
Grace Arnold			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
\circ / /	Employen Geoapa		072307 150-00
3020 Dak fre.	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Tall valle of Collection			
A. J. Myers Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
a constant and a cons	Employer/Occupa	HOIN FADOR OT BAILL AND I	072307800.00
2463 Bextey Park Rd.	Sta te	Zip Code	Form (Cash, Check, etc.)
City	OH	43209	Check
Colmbs	OTT	()20 1	Registration Number, if PAC
Full Name of Contributor			
Jett Miller			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		072307 400.00
6674 Hernitage Ur.	Sta te	Zip Code	Form (Cash, Check, etc.)
City //	بناسا	43082	Check
Westerville	0 4	73082	Registration Number, if PAC
Full Name of Contributor			Registration Number, in 1110
Nelson Kohman			M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		072307 4000
10039 Hollow Rs.	S. J.	Tin Codo	Form (Cash, Check, etc.)
City / /	Sta te	Zip Code 43 062	
Pates Kala	OH	43062	Registration Number, if PAC
Full Name of Contributor			
Dana Rinehar	T		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*		072307 2000
300 E. Broad St.	Cula	7:- Cada	Form (Cash, Check, etc.)
City	Sta te	Zip Code 43215	
Columbs	0 4	73213	Registration Number, if PAC
Tarris of Commons.			
Stephen Campbell	T		M D Y Amount
Street Address 8430 Lazelle Villase	Employer/Occupation/Labor Organization*		
0 100	Colle	7:- Codo	6 7 2 3 0 7 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City /	Sta te	Zip Code 443035	
Lewis Center	OH	43033	Registration Number, if PAC
Full Name of Contributor			Registration Number, it TAC
Joe Hrmeni			M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	
295 W. 4th Ave.	6.1.	17:- C-4-	6 7 2 3 0 7 200-00 Form (Cash, Check, etc.)
City	Stal te	Zip Code	Total (Cash, Check, etc.)
Columbs	0 14	43201	LACOK
* 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 expenditures this event.