31-E R.C. 3517.10(B)

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

Event Date 9/13/06
Page 34

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee for Joseph W. Testa						
Full Name of Contributor	Registration Number, if PAC					
and the same of th	Registration Number, if PAC					
Tod Octlip						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
110 Northwoods Blud		092506 50:00				
City	Sta te Zip Code	Form (Cash, Check, etc.)				
Colombas	0 4 43235	Check States				
Full Name of Contributor		Registration Number, if PAC				
Marianne Collins						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
423 Hickory Lave		092606 250-00				
City	Sta te Zip Code	Form (Cash, Check, etc.)				
Westerille	0 4 43081	Check The Check				
Full Name of Contributor		Registration Number, if PAC				
Pat Grabill						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
182 S. Hish St.		092406 500.00				
City	Sta te Zip Code	Form (Cash, Check, etc.)				
1261:2	0 4 43017	Check Marie 1999				
Full Name of Contributor		Registration Number, if PAC				
R.L. Kichens						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
5398 Preston Mill Way		092606 500-00				
City	State Zip Code	Form (Cash, Check, etc.)				
172.5/2	0 4 43017	Check Massississis				
Full Name of Contributor		Registration Number, if PAC				
Hentinten Benesters PA	' C	CO0165589				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
41 5. Hish Ste		092906 500.00				
City	Sta te Zip Code	Form (Cash, Check, etc.)				
Colomba	0 1-1 43215	Check				
Full Name of Contributor		Registration Number, if PAC				
Pete Man						
Street Address	Employer/Occupation/Labor Organization*	M D Y Arnount				
6770 Shook Rd.		100206 5000				
City	State Zip Code	Form (Cash, Check, etc.)				
Calaba	0 14 43217	Check 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Full Name of Contributor		Registration Number, if PAC				
Codo Zack						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount				
13405 Parmath D.		100206 200.00				
City	Sta te Zip Code	Form (Cash, Check, etc.)				
Pickerinstan	0 H 43147	Check Marine 1998				

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

otal contributions this event	_	Total expenditures this ev	event.	
	, of 1.65 feet			Page Total \$ 2,500.00

^{*} 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)]