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	9/15/05	
Page <u>14</u>		

Name of Committee in Full					
	, -	_ /	,		
Connitee for Joseph W. Teste				Registration Number, if PAC	
				ANGESTICATION PROPERTY AND	
Eric Laeuter	1			M 79 34 A	
Street Address	Employer	Occupati	on/Labor Organization*	M D Y Amount 091205600.00	
1381 Sunladen Dr.			1		
City O (Sta		Zip Code	Form (Cash, Check, etc.)	
Pickerinston	0	1-1	43147	Check	
Full Name of Contributor				Registration Number, if PAC	
Dekna Cianacco					
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount	
881 E. Johnstown Rd.			•	091205 200.00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Cahanna	0	H	43230	Check	
Full Name of Contributor			•	Registration Number, if PAC	
Robert Moone					
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount	
9050 Robinhood Circle				0912051,000.00	
City	Sta		Zip Code	Form (Cash, Check, etc.)	
Westerville	0	H	43082	Check	
Full Name of Contributor				Registration Number, if PAC	
Loreto Canini			<u> </u>		
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
7368 Lambton Park	<u> </u>			091205 50-00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
New Albany	0	H	43054	Cash	
Full Name of Contributor				Registration Number, if PAC	
Kan Pizzuti					
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount	
Two Miranova Place				091205 2,500-00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Columbs	0	\mathcal{H}	43215	Check	
Full Name of Contributor	·		•	Registration Number, if PAC	
Rex Elsass					
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount	
9110 Tartan Fields			<u> </u>	091605 1,000-00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Notin	0	4	43017	Check	
Full Name of Contributor				Registration Number, if PAC	
Frank Cipriano					
Street Address	Employer	/Occupat	ion/Labor Organization*	M D Y Amount	
39 E. Whiter St.				091605 1,000.00	
City	St	te	Zip Code	Form (Cash, Check, etc.)	
Colomba	0	H	43206	Check	
* Degrined for contributions from individuals area \$100 to attravide and Gara	1 4 •				

wanted the tempor	,,	out it mily made also opposit [color by 1711-17-17]		
		ne last page for this event. 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 t	he event in the date column
Total contribution	s this event		Total expenditures this event.	1/
			Pa	age Total \$ <u>6,350.00</u>

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]