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 6/26/06

			curry of Blate 2.01			
Name of Committee in Full		NAME OF THE OWNER, THE	1			
Committee for Joseph W. Tester						
Full Name of Contributor				Registration Number, if PAC		
2 / /						
Darbara Lach	I	10 1	·	M D Y Amount		
Street Address	Employer	/Occupati	ion/Labor Organization*			
3910 Lyon Dr.		·				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)		
Calaba	0	1-1	43220	Check		
Full Name of Contributor		decement of the second		Registration Number, if PAC		
And the second s						
Street Address	Tr	/O	ion/Labor Organization*	M D Y Amount		
A second	Employer	Оссиран	ion/Lagor Organization	062806 20-00		
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City	Sta	te	Zip Code			
Colombe	0	f-1	43204	Check The Check		
Full Name of Contributor		o o o o o o o o o o o o o o o o o o o		Registration Number, if PAC		
Meron Brachman						
Street Address	Employer	Occupati	ion/Labor Organization*	M D Y Amount		
	Limpioyen	, vecupati	OIL DADOL OLBAINEAGOR	070306 250.00		
311 N. Drexel Abe.	<u> </u>	T	7:- C-4-	Form (Cash, Check, etc.)		
City		te	Zip Code			
Columbia		1-1	43259	Check Mary		
Full Name of Contributor				Registration Number, if PAC		
Charlotte Van Steyn						
Street Address	Employer	/Occupat	ion/Labor Organization*	M D Y Amount		
50A3 DIL DI				070306 250.00		
City	Str	te	Zip Code	Form (Cash, Check, etc.)		
City	0	fort	43015	Check 1		
1.lelauar			173013			
Full Name of Contributor				Registration Number, if PAC		
Vanes E. Metz						
Street Address	Employer	r/Occupat	tion/Labor Organization*	M D Y Amount		
1221 E Board St.				070306 100-00		
City	St	a te	Zip Code	Form (Cash, Check, etc.)		
	0	land	4-32-05	Charles 1888		
Columbia	1	( /		Registration Number, if PAC		
Full Name of Contributor				Registration Hamber, it 1110		
Thomas Kose						
Street Address	Employe	r/Occupa	tion/Labor Organization*	M D Y Amount		
4735 Vista Kidse Dr.				0710061,000.00		
City	St	a te	Zip Code	Form (Cash, Check, etc.)		
D 41:	0	feel	43017	Check & The		
Full Name of Contributor				Registration Number, if PAC		
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I homas Needles		·····		M D M Amount		
Street Address	Employe	r/Occupa	tion/Labor Organization*	M D Y Amount		
66 E. Lynn St.				071906 2500		
City	St	ta te	Zip Code	Form (Cash, Check, etc.)		
	0	H	43215	Check Both Co.		
				Rame consistent and the constant and the		
on 110 11 C 11111			dates. If contributor is self-emplo	and a connection method them		

Fill in the boxes below only on the last page for this event.

ransfer the Total contributions f	or this event to form No. 31-A. Under Full Name of Co	intributor 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 event.	
	g_bignd		Page Total \$ 1,970 - 00
	Nus <sup>24</sup> -		

<sup>\*</sup> 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)]