Event Date <u>5/24/06</u>

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Name of Committee in Full			
Name of Committee in Full Committee for Joseph W. Tester			
Full Name of Contributor Mike Moran		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 052506 35-00	
City /	Stal te Zip Code	Form (Cash, Check, etc.)	
Vahanna	0 H 43230	Cash	
Full Name of Contributor Dava Dakin		Registration Number, if PAC	
Street Address 2305 Deerfield D.	Employer/Occupation/Labor Organization*	M D Y Amount 35-00	
City Crose City	Sta te Zip Code 6 H 43123	Form (Cash, Check, etc.)	
Full Name of Contributor Columbia Apartment A	Issa	Registration Number, if PAC OH 14-6	
Street Address 1225 Dublin Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 35.00	
City Colombe	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor Can Kach		Registration Number, if PAC	
Street Address 5381 Adventure Dr.	Employer/Occupation/Labor Organization*	M D Y Amount 052506 100-00	
City Delin	Sta te Zip Code O H 43017	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address 5381 Adventure Dr.	Employer/Occupation/Labor Organization*	M D Y Amount 0 5 2 5 0 6 100 - 00	
City D.L.	State Zip Code O H 4307	Form (Cash, Check, etc.)	
Full Name of Contributor Porothy Cutin		Registration Number, if PAC	
Street Address 790 Kinothy Dr.	Employer/Occupation/Labor Organization*	M D Y Amount 0 5 2 5 0 6 25 - 00	
City Westerille	Sta te Zip Code 6 H 43081	Form (Cash, Check, etc.)	
Full Name of Contributor Towards Powerth Ltd.		Registration Number, if PAC	
Street Address 701 Mersins St.	Employer/Occupation/Labor Organization*	M D Y Amount 05-2506 35.00	
City Worthington	State Zip Code O H 43085	Form (Cash, Check, etc.)	

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

Transfer the Total cont	cributions for this event to form No. 31-A. Under Full Nam	e of Contributor state "Contributions from form No. 31-E" a	nd list the date of the event in the date column
Total contributions this	s event	Total expenditures this event.	
	- graphitis		Page Total \$ 365-00
			1

^{*} 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)]