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 <u>7/2/106</u>

		, 600101	lary of Blate 2701			
Name of Committee in Full	and the same of th	AND DESCRIPTION OF THE PARTY OF	1	**		
Committee for Joseph W. Testa						
Full Name of Contributor				Registration Number, if PAC		
Hobson for Congress						
Street Address	l		~ 1 /1 ft	M D Y Amount		
Street Address	Employer/Oc	сирапо	n/Labor Organization*			
82 W. Colombia St.						
City	Sta te		Zip Code	Form (Cash, Check, etc.)		
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Full Name of Contributor	era tanglog (punishment en introduct en introduct			Registration Number, if PAC		
Griffith Worth				,		
Street Address	Employer/Oc	cupatio	n/Labor Organization*	M D Y Amount		
575 Compand M:11 Rd.	,			071906 200-00		
City	Sta te		Zip Code	Form (Cash, Check, etc.)		
	01		43081			
Westernie				Registration Number, if PAC		
Full Name of Contributor				Registration Function, if The		
Vancy laylor	·					
Street Address	Employer/Oc	cupatio	n/Labor Organization*	M D Y Amount		
701 //lorning St.				071906 50.00		
City	Sta te		Zip Code	Form (Cash, Check, etc.)		
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Full Name of Contributor	<u> </u>	, and the same of		Registration Number, if PAC		
The Proof Develo	ones	4	1 -fal.	·		
Street Address		cupatio	n/Labor Organization*	M D Y Amount		
30,00	Linployence	сарано	in Labor Organization	071906 50,00		
City ST.	Sta te		Zip Code	Form (Cash, Check, etc.)		
	State	. ,	43085	Check Walls		
VVorthinsten			4700	Registration Number, if PAC		
Full Name of Contributor				Registration Number, it FAC		
Mark Arnold						
Street Address	Employer/Oc	cupatio	on/Labor Organization*	M D Y Amount		
13435 Milnor Kd.				672006 100-00		
City	Sta te	:	Zip Code	Form (Cash, Check, etc.)		
Mickeninten	0	(m)	43/47	Check 1		
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/O	ocupatio	and abor Organization*	M D Y Amount		
a Caraca	Employenoe	ссиранс	on/Labor Organization*	072006 500-00		
City	Sta te		Zip Code	Form (Cash, Check, etc.)		
City	1		43215			
(c) (mb3	0 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7220	Cheel		
Full Name of Contributor				Registration Number, if PAC		
ted Havenstein				N.		
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D Y Amount		
2926 E. Mound St.				072006 150.00		
City	Sta te	?	Zip Code	Form (Cash, Check, etc.)		
Colembia	01	fund	43209	Check 1888		
				1938 200 300 300 300 300 300 300 300 300 300		
* Required for contributions from individuals over \$100 to statewide and Gene	eral Assembly	candida	tes. If contributor is self-employe	ed. occupation rather than		

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

Transfer the Total contribution	ons for this event to form No. 31-A. Under Full Nam	e of Contributor state "Contributions from form No. 31-E" and	d list the date of the event in the date column
Total contributions this even	ŧ	Total expenditures this event.	
	(-)Feri managem State* -		Page Total \$ 1,300.00

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)]