31-E R.C. 3517.10(B)

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

Event Date	8/8/08
Page / /	

	Prescribed by Secretary of State 2/01	
Name of Committee in Full		
Committee for Joseph L	W. Teste	
Full Name of Contributor		Registration Number, if PAC
Robert Behal		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
501 5. Hish St.		072508 200-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Colmbs	0 H 43215	Check
Full Name of Contributor		Registration Number, if PAC
AFPD Ohio PAC		CP 1331
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
30415 W. 13 Mile Rd		072508 150.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
turnintan Hills	m I 48334	Check
Full Name of Contributor		Registration Number, if PAC
Jae Armeni		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
295 W. 41- He.		0 7 2 8 0 8 200 00 Form (Cash, Check, etc.)
City	State Zip Code OH 4320	Form (Cash, Check, etc.)
Columbs	1017 730	Registration Number, if PAC
Full Name of Contributor		Registration Number, if TAC
Street Address		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	080408 600-00
555 3 Front 3+	Stal te Zip Code	Form (Cash, Check, etc.)
Chy	0 4 43215	Check
Full Name of Contributor		Registration Number, if PAC
COEPAC		CP401
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
2700 Airport Dr.	S.i.p.o.yon Codepands 22007 Cigament	0804081,350,00
City C	State Zip Code	Form (Cash, Check, etc.)
Calmba	0 1-1 43219	Check
Full Name of Contributor		Registration Number, if PAC
Ton Tonoff		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
600 S. High St.		080408 5000
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columbs	0 4 43215	Check
Full Name of Contributor		Registration Number, if PAC
William Fennell		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
943 Norman Dr.		080408 50.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Colombia	0 4 43221	Check
***************************************	control Assembly condidates If contain the is self contain	ed occupation rather than
 Required for contributions from individuals over \$100 to statewide and G employer should be listed. If two or more employees contribute via payro 	ll deduction and exceed the aggregate of \$100, the labor o	rganization of
which the employees are members, if any, must also appear. [R.C. 3517.10]	0(B)(4)]	

employer should be listed. If two or		ssembly candidates. If contributor is self-employed, occupation rather than on and exceed the aggregate of \$100, the labor organization of	
Fill in the boxes below only on the la Transfer the Total contributions for the Total contributions this event		f Contributor state "Contributions from form No. 31-E" and list the date of Total expenditures this event.	the event in the date column
Total Colla Battons disa visit	enderd ^{ig} en. Annoques Sop ⁱⁿ e		Page Total \$ 2, 600.00
		Lance	