

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

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tests</u>					
Full Name of Contributor <u>Steven Shepard</u>				Registration Number, if PAC	
Street Address <u>5610 Denden Ct.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 23 07</u>	Amount <u>100.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43017</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Barbara Lach</u>				Registration Number, if PAC	
Street Address <u>3910 Lyon Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>07 23 07</u>	Amount <u>30.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43220</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Conner & Behal</u>				Registration Number, if PAC	
Street Address <u>501 S. High St.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 02 07</u>	Amount <u>200.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>AFPD Ohio PAC</u>				Registration Number, if PAC <u>CP1331</u>	
Street Address <u>30415 W. 13 Mile Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 02 07</u>	Amount <u>150.00</u>
City <u>Farmington Hills</u>	State <u>MI</u>	Zip Code <u>48334</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Charles D. Hill Jr.</u>				Registration Number, if PAC	
Street Address <u>800 Aldersgate Dr.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 06 07</u>	Amount <u>200.00</u>
City <u>Galloway</u>	State <u>OH</u>	Zip Code <u>43119</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>John Royer</u>				Registration Number, if PAC	
Street Address <u>1480 Dublin Rd.</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 28 07</u>	Amount <u>500.00</u>
City <u>Columbs</u>	State <u>OH</u>	Zip Code <u>43215</u>		Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor <u>Rick Lavinsky</u>				Registration Number, if PAC	
Street Address <u>R. Route 1</u>		Employer/Occupation/Labor Organization*		M D Y <u>08 29 07</u>	Amount <u>200.00</u>
City <u>Sugar Grove</u>	State <u>OH</u>	Zip Code <u>43155</u>		Form (Cash, Check, etc.) <u>Check</u>	

* 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)]

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

Transfer the Total contributions 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 the event in the date column

Total contributions this event

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Total expenditures this event.

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Page Total \$ 1,380.00