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	10/23/06						
Page 8							

Name of Committee in Full	111	12.	4						
Name of Committee in Full  Connitee for Joseph W. Teste.  Full Name of Contributor  Marvin Farley  Street Address  13430 Winchester Rd.  City Address  State Zip Code						Registration Number, if PAC			
Marin Factor									
Street Address	Employer/Occupation/Labor Organization*			•	M D	706	Amount 200.00		
City 1 / 1		te	Zip Code 43103	,	Form (Cash,	- 1			
Hshville	0	1-1	43103		Registration	Number, if	PAC		
Full Name of Contributor					Registration	. (4			
Street Address	Employer/Occupation/Labor Organization*			*	M D	Y	Amount		
City	Sta	te	Zip Code		Form (Cash,	Check, etc.)			
Full Name of Contributor						Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			*	M D	Y	Amount		
City	Sta	te	Zip Code		Form (Cash,	Check, etc.)			
Full Name of Contributor					Registration	Number, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			*	M	Y	Amount		
City	Sta	te	Zip Code		Form (Cash,	Check, etc.)			
Full Name of Contributor					Registration	Number, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			*	M	Y	Amount		
City	Sta	te	Zip Code		Form (Cash,	Check, etc.	)		
Full Name of Contributor			1		Registration	Number, if	PAC		
Street Address	Employer/Occupation/Labor Organization*			1*	M 1	Y	Amount		
City	Sta	te	Zip Code		Form (Cash	, Check, etc.	)		
Full Name of Contributor					Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*			n*	M	D Y	Amount		
City	Sta	te	Zip Code		Form (Cash	, Check, etc	)		
* Required for contributions from individuals over \$100 to statewide and G employer should be listed. If two or more employees contribute via payrol which the employees are members, if any, must also appear. [R.C. 3517.10]	ll deduction and	ly candida l exceed th	ates. If contributor is s the aggregate of \$100,	elf-employed, the labor orga	occupation rath	er than			
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 Cont	ributor sta			I-E" and list the	date of the	event in the date column		
Total contributions this event			Total expenditure	s this event.		Page	Total \$ 200.00		
			1	1		- ""5"			