31-E R.C. 3517.10(B)

Page _/O **Statement of Contributions Received** at a Social or Fund-Raising Event

Event Date 3/15/06

Prescribed by Secretary of State 2/01				
Name of Committee in Full				
Committee for Joseph	W. Testa			
Full Name of Contributor		Registration Number, if PAC		
Edwin Carr		M N N N		
Street Address 6088 Wicholas Glen	Employer/Occupation/Labor Organization*	0 2 1 3 0 6 75 - 00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Columbes	0 H 43213	Check		
Full Name of Contributor		Registration Number, if PAC		
John Haveisen				
Street Address 587 Fox Lane	Employer/Occupation/Labor Organization*	M D Y Amount 02/306 150.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Worthinston	0 H 43085	Check		
Full Name of Contributor		Registration Number, if PAC		
Andrew Din		A D A D		
Street Address 266 Praston Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 150.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Colimbis	0 H 43209	Check		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
6295 Cassray Rd.	Zimployon Goodpanon Zaron Grganization	021706 75.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	0 14 43016	Registration Number, if PAC		
Donald Kenney		Togistation values, it is is		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
470 Warthington Rd.		021706 1,000-00		
City // / // //	Sta te Zip Code 8 H 43082	Form (Cash, Check, etc.)		
Full Name of Contributor	0 H 43082	Registration Number, if PAC		
John Price				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
262 Mohank Ave.		021706 10.00		
City 11 leste = ille	Sta te Zip Code O H 43081	Form (Cash, Check, etc.)		
Full Name of Contributor	7,0-0.	Registration Number, if PAC		
Paul Griesse				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 021704 100.00		
2640 North St.	State Zip Code	Form (Cash, Check, etc.)		
Granille	0 H 43023	Check		
* Required for contributions from individuals over \$100 to statewide and	General Accembly candidates. If contributor is salf ample	ved occupation rather than		
employer should be listed. If two or more employees contribute via payr	oll deduction and exceed the aggregate of \$100, the labor of	organization of		
which the employees are members, if any, must also appear. [R.C. 3517.	10(B)(4)]			

employer should be listed. If to	m individuals over \$100 to statewide and General Ass to or more employees contribute via payroll deduction overs, if any, must also appear. [R.C. 3517.10(B)(4)]	sembly candidates. If contributor is self-employed, occupation on and exceed the aggregate of \$100, the labor organization of	rather than
Fill in the boxes below only on t Fransfer the Total contributions Fotal contributions this event		Contributor state "Contributions from form No. 31-E" and list Total expenditures this event.	the date of the event in the date column
	ent of the section of		Page Total \$ <u>1,560</u> .co