Event Date 9/13/06

Statement of Contributions Received Page 34 at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

		I by becie		the state of the s			
Name of Committee in Full							
Committee for Joseph W. Testa							
Full Name of Contributor	(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		The second secon	Registration Number, if PAC			
Tod Ortlip	-						
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount			
	Employer	Оссиран	SIN DAUGI OI BAINZAUGII	092506 50-00			
110 Northwoods Blud	<u></u>		Zi- C-d-	Form (Cash, Check, etc.)			
City	Sta	te	Zip Code	The state of the s			
Columbs	0	H	43235	Chack			
Full Name of Contributor				Registration Number, if PAC			
Marianne Collins							
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Agnount			
423 Hickory Lane		•		092606 250.00			
City City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Wasterille	0	L	43081	Check			
		[-7	1000	Registration Number, if PAC			
Full Name of Contributor							
Pat Grabill				M D Y Amount			
Street Address	Employer	Occupation (Occupation)	on/Labor Organization*				
182 S. Hish St.			· · · · · · · · · · · · · · · · · · ·				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
126/2	0	1-1	43017	Check			
Full Name of Contributor			<u>.</u>	Registration Number, if PAC			
R.L. Richards				·			
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount			
	Employer	Occupati	OID DADO! OTBAILIZATION	092606 500.00			
5598 Preston M.II Way	Sta	1 10	Zip Code	Form (Cash, Check, etc.)			
City) A	1.	l -	(
1,1,151.2		1-1	43017	Registration Number, if PAC			
Full Name of Contributor	<u> </u>						
Hentington Bancoheres PA	HC			C00165589			
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount			
415 His St				092906 500.00			
City	St	te	Zip Code	Form (Cash, Check, etc.)			
	0	1-1	43215	Check			
Full Name of Contributor	1 0	1 / /		Registration Number, if PAC			
\mathbf{I}							
Pete Mcann	ή= .			M D Y Amount			
Street Address	Employe	/Occupati	ion/Labor Organization*	$ \cdot $			
6770 Shook Rd.							
City	_	a te	Zip Code	Form (Cash, Check, etc.)			
(slimbs	0	14	43217	Check			
Full Name of Contributor				Registration Number, if PAC			
Gordon Zacks							
Street Address	Employe	r/Occunat	ion/Labor Organization*	M D Y Amount			
1 (2 11 1)		J.Jupu.		100206 2000			
13405 Tarmath Lt.		a te	Zip Code	Form (Cash, Check, etc.)			
City P. L. 1	O	H	43147	Charle			
1 icken istan		_ ′ ′	(3/-1/				
			ates If contributor is self-emple	aved occupation rather 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 Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

otal contributions this event		Total expenditures this event.	
	quisiant		Page Total \$ 2,500.00
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^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation remployer 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)]