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	6/26/06
Page	

Name of Committee in Full					
Committee for Joseph W. Testa					
Full Name of Contributor		Registration Number, if PAC			
Von Shackeltord		N D N America			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 35.00			
21 E State St.	0.1.	0 6 1 9 0 6 33 - 00 Form (Cash, Check, etc.)			
City	Sta te Zip Code 0 1-1 4-32-15	Check etc.)			
Colomba	0 H 43213	Registration Number, if PAC			
Full Name of Contributor Richard Royer		Registration Number, in 1720			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
1400 Deblin Rd.		0 6 1 9 0 6 1,000-00 Form (Cash, Check, etc.)			
City Colomb 3	Sta te Zip Code	Check			
Full Name of Contributor		Registration Number, if PAC			
Baker & Hostetler		OH125			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 500.00			
3200 National City Conter		0 6 (9 0 6 5 00 . 00 Form (Cash, Check, etc.)			
City	Sta te Zip Code				
Cleveland	0H 44114	Registration Number, if PAC			
Metz, Bailey & McLogh	/ -	And the state of t			
Metz, Ba. Ley & McLough	Employer/Occupation/Labor Organization*	M D Y Amount			
33 E. Schrock Rd.	Employer/Occupations Labor Organization	061906 100.00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
Westerville	0H 43081	Check			
Full Name of Contributor		Registration Number, if PAC			
Jameson Crane					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
299 N. Parkview		061906 250.00			
City	State Zip Code	Form (Cash, Check, etc.)			
Columbia	0 H 43209	Registration Number, if PAC			
Full Name of Contributor		Registration Number, in 1700			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
185 Blue ay Dr.		061906 50.00			
City	Sta te Zip Code O H 432.35	Form (Cash, Check, etc.)			
(olumbs	0 4 43235	Registration Number, if PAC			
Full Name of Contributor		Registration Number, it TAC			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
4955. High St.		061906 250.00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
Columbs	0 H 43215	Check			
	and Assembly and dates if contributor is self-amployed				

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	tributor state "Contributions from form No. 31-E" and li	ist the date of the event in the date column
Total contributions this event		Total expenditures this event.	
	-ep (Pair		Page Total \$ 2,185.00
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^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]