31-E R.C. 3517.10(B)

Event Date	4/24/08
Page <u>S</u>	

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

	Prescribed by Secretary of State 2/01						
Name of Committee in Full							
Connittee to Tach W	Testa						
Full Name of Contributor	and the second	Registration Number, if PAC					
Motorists Mtral Civic	Fend	C00336834					
Street Address 471 E. Broad St.	Employer/Occupation/Labor Organization*	M D Y Amount 022508 250.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Colombis	0 H 43215	Check By By					
Full Name of Contributor	Registration Number, if PAC						
John Haveisen							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
587 Fox La.		030408 150-00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Worthinston	0 14 43085	Registration Number, if PAC					
Full Name of Contributor Bass		Registration Number, it FAC					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
959 Macbelle Wey		030408 1,000.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Westerille	0 1-1 4-3081	Check Briston					
Full Name of Contributor		Registration Number, if PAC					
Calvin laylor							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
701 Morning St.		031008 75-00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Werthinsten	0 14 43085	Check Billing					
Full Name of Contributor Taylo- Property Developme	at Ltd.	Registration Number, if PAC					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
701 Marin St.		031008 75-00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Werthinston	0 1-1 43085	Check 1					
Full Name of Contributor		Registration Number, if PAC					
Ed Havenstein							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 03/08/100-00					
2926 E. 11land St.	2: 6.1						
City	Stal te Zip Code	Form (Cash, Check, etc.)					
Full Name of Contributor	0 4 43209	Registration Number, if PAC					
Pull Name of Contributor	Covernment	611357					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
12855 Whenten Ave		0317081,000.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
licker isten	0 1 43147	Check 情報意識					
* D	wat Assombly and didates If a - tile to a sale and a sale	occupation rather than					
* 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							
Fill in the boxes below only on the last page for this event.							

Picker ast	2/1	011	TO (T/	I Check	
employer should be listed. If two o	dividuals over \$100 to statewide and Gene r more employees contribute via payroll de if any, must also appear. [R.C. 3517.10(B)	duction and exceed th			
ill in the boxes below only on the l ransfer the Total contributions for l otal contributions this event	ast page for this event. his event to form No. 31-A. Under Full Na	nne of Contributor stat	e "Contributions from form No. Total expenditures this event.		e event in the date column
	enter Filter Ambiente Saider -			¬ —	ge Total \$ 2,650.00