Event Date 7/21/06 Page 20

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

	Prescribed by Secretary of	State 2/01		· _	
Name of Committee in Full		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the second of the second o		
Connittee for Joseph W. Testa					
Full Name of Contributor		The part of the second	Registration Number, if PA	C	
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G-CC:th Worth					
Street Address	Employer/Occupation/Lab	or Organization*	M D Y	A _t mount	
575 Copeland Mill Rd.	Employer/Occupations East	or organization	071906	200-00	
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Herb Clincher					
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		43215	Check		
Full Name of Contributor			Registration Number, if P.	\C	
E1 House					
Street Address	Employer/Occupation/Lab	bor Organization*	M D Y	Amount	
2926 E. Marad St.		· • · · · · · · · · · · · · · ·	072006	150.00	
City	Sta te Zip (Code	Form (Cash, Check, etc.)		
1 Colombia		+3209	Check		
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* Required for contributions from individuals over \$100 to statewide and General	eral Assembly candidates. If	contributor is self-employed, o	ccupation rather than	•	
employer should be listed. If two or more employees contribute via payroll d which the employees are members, if any, must also appear. [R.C. 3517.10(B	eduction and exceed the agg	regate of \$100, the labor organ	IZALION OI		
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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 form No. 31-E" and list the date of the event in the date colun

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otal contributions this event		Total expenditures this event.	
	nd a light of		Page Total \$ 1,300.00
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