Event Date 9/15/05

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

Name of Committee in Full	Name of Committee in Full							
Committee for Joseph W. Test								
Full Name of Contributor	Registration Number, if PAC							
Jake Brewer				-				
Street Address	Emplan	Occurati	on/Labor Organization*	M D Y Amount				
P.O. Box 13268	Linpioyer	, сосыран	OIN LAUVI OI BAIII LAUVIII.	0 82905 50-00				
	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Whitehall	0	1-1	43213	Check				
Full Name of Contributor		<u> </u>		Registration Number, if PAC				
Givseppe Mangano				,				
Street Address	Employer	Occupation /	on/Labor Organization*	M D Y Amount				
56 N. Parkview Blod.		1	2:-0-1	082905 300-00				
City	Sta	te	Zip Code 43209	Form (Cash, Check, etc.)				
Columbs Full Name of Contributor		1-1	T3207	Registration Number, if PAC				
Full Name of Contributor Anthony Mollica				ACGISHANON IYUMDU, II FAC				
Street Address	Employer	Occupation (on/Labor Organization*	M D Y Amount				
1601 Bethel Rd.		to	Zin Code	0 8 2 9 0 5 150,00				
City	Sta	ie 	Zip Code +3226	Form (Cash, Check, etc.)				
Full Name of Contributor	0	1	-(3220	Registration Number, if PAC				
John Peck				Avgionation Frantici, il IAC				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount				
1208 Three Forks Dr.	p.oyen	_ ovupatii	C. Daniemion	082905 1,000.00				
City	Sta		Zip Code	Form (Cash, Check, etc.)				
Westerville	0	H	43081	Check				
Full Name of Contributor				Registration Number, if PAC				
Huso Cannon								
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount				
5 Juniper Ave.				090605 25.00				
City		te	Zip Code	Form (Cash, Check, etc.)				
Westerille	0	1-1	43081	Check				
Full Name of Contributor		_		Registration Number, if PAC				
Fat Crosect	1			M IN VI IA				
Street Address 1000 Unline Axe.	Employer	/Occupati	on/Labor Organization*	M D Y Amount 0 9 0 6 05 50 00				
City	Sta	a te	Zip Code	Form (Cash, Check, etc.)				
Cohmbs	0	H	43212	Check				
Full Name of Contributor				Registration Number, if PAC				
Jameson Crane								
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount				
299 N. Parkview			1	0906051,000.00				
City		a te	Zip Code	Form (Cash, Check, etc.)				
Colmbs	0	14	43209	Check				

•	on the last page for this event. ons 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 column
Total contributions this event	t	Total expenditures this event.	
	q-differi Stadi" -		Page Total \$ 2,575-06

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)]