Event Date 7/21/06

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

Name of Committee in Full				
Committee for Joseph W. Testa				
Full Name of Contributor		Registration Number, if PAC		
Montgomery for Kecor	de			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
865 Macon Alley		072006 450.00		
City	Star te Zip Code	Form (Cash, Check, etc.)		
Calcabo	0 1-1 43206	Check		
Full Name of Contributor		Registration Number, if PAC		
Thomas Kuntz Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
	Employer/Occupation/Labor Organization	072406250.00		
3658 Lakestone Circle	Sta te Zip Code	Form (Cash, Check, etc.)		
City	1 1 1 2 2 2 2	Check		
Hilliard	0 4 43026	Registration Number, if PAC		
Full Name of Contributor		registration runner, ii 1710		
Matt Maich		M D Y Amount		
Street Address	Employer/Occupation/Labor Organization*			
7895 Silver Lake Ct.				
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Westerille	0 H 43082	Check		
Full Name of Contributor		Registration Number, if PAC		
Patrick Kelley				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
2712 Bexley Park Kd.		072406 500.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
(alumba	0 H 43209	Check		
Full Name of Contributor		Registration Number, if PAC		
Michael Cua				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
5066 Medallion Dr.		072406 150.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
11/2 / 2/6	0 H 43082	Check		
Full Name of Contributor		Registration Number, if PAC		
Kichad Holstein Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
	Employer/Occupation/Lavor Organization	072406 606-00		
2301 Fairwood He.	State Zip Code	Form (Cash, Check, etc.)		
City	0 41 43207	Check		
Columbs	U /- , T322 ,	Registration Number, if PAC		
Full Name of Contributor		Topoution France, it 1710		
Jemiter Hall		M D Y Amount		
Street Address	Employer/Occupation/Labor Organization*			
140 Vantage Point Pl.				
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Pickerinten	0 H 43147	Check		

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 C	Contributor state "Contributions from form No. 31-E" as	nd list the date of the event in the date column
Total contributions this event		Total expenditures this event.	
			Page Total \$ 2,250,00
	Shall -		

^{*} 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)(4)]