Event Date 3/15/06 Page 28

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. Test					
Full Name of Contributor	Registration Number, if PAC				
Jeff Miller					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
City Hernitage U.	Stal te Zip Code	6 1 2 6 0 6 300.00 Form (Cash, Check, etc.)			
Westerville	0 H 43082	Check			
all Name of Contributor		Registration Number, if PAC			
Daglas Komer		,			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 300-00			
10/33 Covan Lt.	Sta te Zip Code	Form (Cash, Check, etc.)			
Westerille	0 H 43082	Check			
Full Name of Contributor		Registration Number, if PAC			
David Parkinson		M D Y Amount			
	Employer/Occupation/Labor Organization*	0 1 2 6 0 6 250-00			
City Lakes	Sta te Zip Code	Form (Cash, Check, etc.)			
Hilliard	0 14 43026	Check			
Full Name of Contributor		Registration Number, if PAC			
Street Address		No. 1			
150 St. L. R.	Employer/Occupation/Labor Organization*	M D Y Amount 250-00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
baville	0 H 43023	Check			
Full Name of Contributor Registration Number, if PAC					
Street Address		M D Y Amount			
247 N. Parkview Are	Employer/Occupation/Labor Organization*	012606 500.00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor	0 H 43209	Registration Number, if PAC			
Central Ohio Realtons 1	PAC	CP401			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount			
2700 Airport Ur.		012606 2,500.00			
City	Sta te Zip Code 6 H 432/9	Form (Cash, Check, etc.)			
Full Name of Contributor		Registration Number, if PAC			
Richard Rager					
Street Address 1480 Dublin Rd.	Employer/Occupation/Labor Organization*	M D Y Amount 0 1 2 7 0 6 500.00			
1480 Dublin Rd.	Stal te Zip Code	Form (Cash, Check, etc.)			
Colomba	0 14 43215	Check			
	· · · · · · · · · · · · · · · · · · ·				

Fill in the boxes below only on the last page for this event.	

ransfer the Total contributions for	r 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
otal contributions this event		Total expenditures this event.	
	-mg-al-grant	· ·	Page Total \$ 4,600.00

^{*} 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)]