Event Date	7/21/06	
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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							
1111								
William Shimp	n	M D Y Amount						
Street Address	Employer/Occupation/Labor Organization*							
1550 Essex Rd.								
City	State Zip Code	Form (Cash, Check, etc.)						
Calcaba	0 H 43221	Check						
Full Name of Contributor		Registration Number, if PAC						
TR		·						
Ion Brows	To the Commission*	M D Y Amount						
Street Address	Employer/Occupation/Labor Organization*	072406 60.00						
2655 The Very Blud.								
City	Sta te Zip Code	Form (Cash, Check, etc.)						
Colomba	0 H 43235	Check						
Full Name of Contributor		Registration Number, if PAC						
Charles D. Hill								
Charles V. Hill Street Address	Employer/Occupation/Labor Organization*	M D Y Amount						
	Employer/Occupation/Labor Organization	073106 200.00						
800 Aldengate Dr.	2.0.1	Form (Cash, Check, etc.)						
City	Sta te Zip Code							
balloway	0 H 43119	Check						
Full Name of Contributor		Registration Number, if PAC						
Jerry Jordan								
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount						
795 Old Woods Rd.	Employer occupation Europe G.B.	073/06 500-00						
	Sta te Zip Code	Form (Cash, Check, etc.)						
City	0 4 43233	Check						
Columbis	0 H 43233							
Full Name of Contributor		Registration Number, if PAC						
Kandy Walker								
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount						
145 E. Rich St.		073(06 250.00						
City .	Sta te Zip Code	Form (Cash, Check, etc.)						
Chy / /	DH 43215							
Columbis	0 11 100	Registration Number, if PAC						
Full Name of Contributor		1 -						
CORPAC	·	CP401						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount						
2700 A: root Dr.		081406 1,000.00						
City	Sta te Zip Code	Form (Cash, Check, etc.)						
	0 H 43219	Check						
Columbs		Registration Number, if PAC						
Full Name of Contributor		Total Control of the						
Marianne Collins								
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount						
1423 Hickory La		082106 300.00						
City	Sta te Zip Code	Form (Cash, Check, etc.)						
1 1 Nacharilla	0 4 43081	Check Marie						
V-ESILIVIC		A - Mester destruction and an analysis of the						

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	a date colum

ransier the Total contributions	for this event to form No. 31-A. Onder Put	I Name of Contributor state	Contributions from form		
Total contributions this event			Total expenditures this e	vent.	·
					Page Total \$ 2,410. C
	produce.			,	1 450 10411 4
	<u> </u>	Į.			

^{*} 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)]