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

Event Date 9/15/05	
Page	

·			<u> </u>				
Name of Committee in Full Committee for Joseph W. Testa							
Full Name of Contributor		<u> </u>	<i></i>	Registration Number, if PAC			
Kichard Holstein	Ī., .			M D Y Amount			
2301 Fairnad Are.	Employer/	Occupation	on/Labor Organization*	080105 2,500.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Colombis	O	H	43207	Check			
Full Name of Contributor  Edgar A. Lampert				Registration Number, if PAC			
Street Address  Address  Address  Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount 0 8 / 5 0 5 250.00			
New York	Sta	te	Zip Code / 602 /	Form (Cash, Check, etc.)			
Full Name of Contributor	,,,,			Registration Number, if PAC			
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount			
136 E. 64Th St.				081505 250.00			
Ven York	Sta	te T	Zip Code 10021	Form (Cash, Check, etc.)			
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC			
Rodney Wassestrom	1		<del></del>	M D Y Amount			
2655 Showood Rd.	Employer/	Occupati	on/Labor Organization*	0 8 2 2 0 5 1,000.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Colombs	0	H	43209	Registration Number, if PAC			
Full Name of Contributor				Registration Number, it IAC			
Street Address	Employer	Employer/Occupation/Labor Organization*		M D Y Amount			
1360 Marlyn Dr.		r.	la: o i	082305 500.00			
Calemba	Sta	te H	Zip Code 43220	Form (Cash, Check, etc.)			
Full Name of Contributor			- <u>I</u>	Registration Number, if PAC			
Katherine Le Vegue	1						
Street Address 50 W. Broad St.	Employer	Occupati	ion/Labor Organization*	M D Y Amount 082905 150-00			
Columbs	Sta		Zip Code 43215	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address  5515 Sciote Data Rd.	Employer	/Occupat	ion/Labor Organization*	M D Y Amount 082905 100-00			
City / / . /	1	te	Zip Code	Form (Cash, Check, etc.)			
Hilliand	0	H	43026	Check			
			"	ployed occupation rather than			

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

transfer the Total contributions	s for this event to form No. 31-A. Under Pull Name of Contribu	tor state. Contributions from form No. 31-2. and in	ist the date of the event in the date column
Total contributions this event		Total expenditures this event.	$\mathcal{V}$
	q.45fqi 		Page Total \$ 4, 750.00

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)]