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

Event Date 6/26/06 Page 3

Name of Committee in Full								
Committee for Joseph W. Tester								
Full Name of Contributor				Registration Number, if PAC				
M.D. Jetfrey								
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount				
303 N. Parkview Ave				062106500-00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Colemba	0	H	43209	Check				
Full Name of Contributor	Registration Number, if PAC							
Colombia Apartment /	Issn.			OH 146				
Street Address		Occupation	on/Labor Organization*	M D Y Amount				
1225 Deblin Rd.				0623061,000.00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Colombis	0	1-1	43215	Check				
Full Name of Contributor				Registration Number, if PAC				
Zeiger Tigges & Little								
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount				
41 5. High St.				062306 250.00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Columbia	0	H	43215	Check				
Full Name of Contributor		********		Registration Number, if PAC				
Tod Ortip								
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount				
110 Northwoods Blud.	1			062306 100.00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Columbia	0	H	43235	Check				
Full Name of Contributor				Registration Number, if PAC				
Khett Ricart								
Street Address	Employer	Occupati	on/Labor Organization*	M D Y Amount				
P.O. Box 27130				062306 250.00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
(almbis	0	1-1	43227	Chack				
Full Name of Contributor				Registration Number, if PAC				
H. Brkley Showe								
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount				
45 N. Farth St.				062306 250-00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Columbis	0	H	43215	Check				
Full Name of Contributor			A CONTRACTOR OF THE CONTRACTOR	Registration Number, if PAC				
Tony Solazzo								
Street Address	Employer	/Occupat	ion/Labor Organization*	M D Y Amount				
363 Meditation Ln				062606 250-00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Colimbs	0	H	43235	Check				
* Description of the completion of the control of t								

more to the first the first community of the second		
Fill in the boxes below only on the last page for this event.		
		the state of the second for the data and time
The state of the s	*Contributions from form No. 11-1:	and list the date of the event in the date coluit
Transfer the Total contributions for this event to form No. 31-X, Older Pull Name of Contributor state	COURTORIOUS HOUR TOTAL TOTAL	2.1.1. 1124 1114 2214 221 221 221 221 221 221
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state	Contributions nom form too or E	

Tansier the Total Contribution	is for this event to form the said the said the said to		
otal contributions this event		Total expenditures this event.	
			Page Total \$ 2,600.00
			

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)]