Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 7/21/06 Page 19

Prescribed by Secretary of State 2/0

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Name of Committee in Full								
Committee for Joseph U	7. (·	25-12		Registration Number, if PAC				
Full Name of Contributor				Registration Number, 11110				
C. Tad Halc								
Street Address	Employer/	Occupation (on/Labor Organization*	M D Y Amount				
171 Mainsail Dr.								
City , /	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Westerville	0	H	43081	Check				
Full Name of Contributor			<u> </u>	Registration Number, if PAC				
Jerry Mc Afre				.:				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount				
2145 Keltonshine Are.			- ,	07/006 200.00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
(°) (1	0	4	43229	Check				
Full Name of Contributor				Registration Number, if PAC				
Dana Rinehart	Transless.	(Oagu-21)	on/Labor Organization*	M D Y Amount				
Street Address	Employer	Occupano	OINTROOF OF SAULTS HOLD	071206 250-00				
395 E. Broad St.	- C	te	Zip Code	Form (Cash, Check, etc.)				
C (/	51a	1-1	43215					
Columba		<i></i>	-()()	Registration Number, if PAC				
Full Name of Contributor				Registration Number, in 1110				
Keith Mc Namara				M D Y Amount				
Street Address	Employer	Occupation (on/Labor Organization*					
88 E. Broad St.	<u> </u>			0 7 1 9 0 6 100 - 00 Form (Cash, Check, etc.)				
City	1	te	Zip Code					
Colombis	0	1-1	43215	Check				
Full Name of Contributor				Registration Number, if PAC				
Robert Werth								
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount				
4527 Tavistock Circle				071906600-00				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Povell	0	H	43065	Check				
Full Name of Contributor	,		/	Registration Number, if PAC				
Shoemaker, Howarth	& To	anla	•					
Street Address			ion/Labor Organization*	M D Y Amount				
471 E. Broad St.				071906 100-00				
City	St	a te	Zip Code	Form (Cash, Check, etc.)				
	0	1 .	43215	Check				
Full Name of Contributor		1		Registration Number, if PAC				
1				CP401				
CORPAC	English	-/Oncore	ion/Labor Organization*	M D Y Amount				
Street Address	Employe	noccupat	IOUVEROOF OFFARIZATION.	071906 1,000.00				
2700 Hirport Ur.		alta	7 in Code	Form (Cash, Check, etc.)				
City	ا ا	al te	Zip Code 43219					
Columbis	$\perp \mathcal{O}$	1		Check				
·				loyed occupation rather than				

Fill in the boxes below only on the last page for this event.	J .		
Fill in the boxes below only on the last page for this event.			and the second s
Transfer the Total contributions for this event to form No. 31-A	A Under Full Name of Contributor state "C	'ontributions from form No. 31-E"	and list the date of the event in the date column
Transfer the Total contributions for this event to form No. 31-A	A. Older Full Name of Contributor State C	Control of the contro	

otal contributions this	event	Total expenditures this event.	
	-त्रांदेश		Page Total \$ 2,350.00
	- 34 ³⁴ -		
	1	1	

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather that 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)]