31-E R.C. 3517.10(B)

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

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Name of Committee in Full		· survival in the same of the	·		
Committee for Joseph 1 Full Name of Contributor	11.	<u> </u>	sta	Registration Number, if PAC	
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Henry O'Neill, Jr.	T1	/O	on/Labor Organization*	M D Y A	mount
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3050 Carriage Ln.	Sta	te	Zip Code	Form (Cash, Check, etc.)	
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Westerville	0	f-f		Registration Number, if PAC	
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Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y	Amount
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Full Name of Contributor		 		Registration Number, if PA	C
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount
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* Required for contributions from individuals over \$100 to statewide and Gene	eral Assemi	alv candid	lates. If contributor is self-employe	d. 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)]

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 date column

otal contributions t	his event		Т	otal expenditures	this event.	
		~ (~ (Fin)				Page Total \$ 450.00
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