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

Event Date 10/23/06 Page 42

Name of Committee in Full	and the same of th	- /					
Committee for Joseph W.	10	s fr					
Full Name of Contributor				Registration	n Number, if P.	AC	
Colleen Davis							
Street Address	Employer	/Occupatio	on/Labor Organization*	M I	D Y	Amount	
3082 Indianola Ave.	- Improj	о		1/1010	606	50-00	
City	Sta	te	Zip Code		Check, etc.)		
	0	, ,	42202	1	eck		
		1	1 To Leave the second		Number, if P.	A.C.	
Full Name of Contributor				Registration	i ivanioei, ii i	AC .	
Jack Rscilli							
Street Address	Employer	Occupation (on/Labor Organization*	MII		Amount	
1957 Lake Shore Un				101	206	500.00	
City	Sta	te	Zip Code	Form (Cash,	Check, etc.)		
Calcabe	0	funf	443204m	Ch	ede		
Full Name of Contributor				Registration	1 Number, if P	AC	
BIA Bild PAC of Cent	-11	DL:		01	-1135	B0095*-	
Street Address			on/Labor Organization*	M I	Y	Amount	
1105-1-	Limpioyen	occupant	S. D. D. O. B. M.	101	206	750-00	
City City	Sta	te	Zip Code	1 1 1	Check, etc.)		
(ii)	0	fund	43082				
Westerlle				Pagistration	n Number, if P.	A.C.	
Full Name of Contributor				Registration	i ramitoer, ii r	nc	
Don McClord				M			
Street Address	Employer	Employer/Occupation/Labor Organization*				Amount	
1666 Birdsons Ct.					306	100.00	
City	Sta	te	Zip Code	Form (Cash	Check, etc.)		
Blacklick	0	1-1	43004	CA	rect		
Full Name of Contributor				Registration	n Number, if P	AC	
C. Tad Hale							
Street Address	Employer/Occupation/Labor Organization*			M	D Y	Amount	
DI Mainsail Dr.	Lampioyer	Employer/Occupation/Labor Organization		10	1306	250-00	
City	Str	te	Zip Code	Form (Cash	, Check, etc.)		
Chy	0	1	43081		ect		
Westerville					n Number, if I	PAC	
Full Name of Contributor				inegistratio	n rumber, il f		
					ਜ਼ ਦਿ	I Amount	
Street Address	Employer	/Occupati	on/Labor Organization*	M	DY	Amount	
City	St	te	Zip Code	Form (Cash	ı, Check, etc.)		
Full Name of Contributor				Registratio	on Number, if I	PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*		M	D Y	Amount	
	J						
City	St.	a te	Zip Code	Form (Casi	h, Check, etc.)		
City	3.]"					
		<u> </u>					
* Required for contributions from individuals over \$100 to statewide and Gene	aral Arcamb	ly candid	stes. If contributor is self-employe	d occupation rat	her than		
- Venities for courrentions from markingsize over \$100 to statewing slid Gene	いない いつうごけいり	ry canulda	aces, at comminuted is sem-employe	occupation int			

	, if any, must also appear. [R.C. 3517.10(B)(4)]	Tand exceed the aggregate of \$100, the labor organization of	
Fill in the boxes below only on the laransfer the Total contributions for t		Contributor state "Contributions from form No. 31-E" and list th	e date of the event in the date column
Total contributions this event		Total expenditures this event.	granden de la companya de la company
	engelijkst - Salte-		Page Total \$ 1,650.00
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