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

Name of Committee in Full.  Connittee for Joseph W. Tasta  Full Name of Contributor  Allen Shepherd  Registration Number, if PAC					
Full Name of Contributor					
Full Name of Contributor Registration Number, if PAC					
Allen Shepherd					
Employer/Occupation/Labor Organization	nount				
	2,000.00				
City Sta te Zip Code Form (Cash, Check, etc.)					
Delia 0 H 43016 Check					
Full Name of Contributor Registration Number, if PAC	,				
Donald Gaitten					
Street Address Employer/Occupation/Labor Organization* M D Y An	nount				
7526 Bendeson Dr. 062606	25-00				
City Sta te Zip Code Form (Cash, Check, etc.)					
Westerville 0 H 43082 Check					
Full Name of Contributor Registration Number, if PAC					
Art Risso					
Street Address Employer/Occupation/Labor Organization* M D Y An	nount				
2831 L. // ain 37.	250.00				
City State Zip Code Form (Cash, Check, etc.)					
Columbia 0 H 43209 Check					
Full Name of Contributor Registration Number, if PAC					
Dore Battacletti					
Employer/Occupation/Labor Organization	nount				
147 Sanctuary Village 062706	250.00				
City Sta te Zip Code Form (Cash, Check, etc.)					
( 0 H 43235 Check					
Full Name of Contributor Registration Number, if PAC					
Core Light Ka					
Employer/Occupation/Labor Organization	nount				
729 Mohank St. 062706	250-00				
City Sta te Zip Code Form (Cash, Check, etc.)					
Columbia 0 H 43206 Check					
Full Name of Contributor Registration Number, if PAC					
Richard Talbott					
Street Address Employer/Occupation/Labor Organization* M D Y Ai	mount				
4236 Shire Cove 06 2706	250.00				
City Sta te Zip Code Form (Cash, Check, etc.)					
Hilliard OH 43026 Check					
Full Name of Contributor  Registration Number, if PAC					
Richard Talbott					
Street Address Employer/Occupation/Labor Organization* M D Y A	mount				
4236 Shire Cove 06 2706	750,00				
City Sta te Zip Code Form (Cash, Check, etc.)					
Hilliand OH 43626 Check	- No.3				
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than					

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

Transfer the Total contr	cributions for this event to form No. 31-A. Under Full Name of C	ontributor state "Contributions from form No. 31-E" and lis	st the date of the event in the date column
Total contributions this	s event	Total expenditures this event.	
			Page Total \$ 3,775-00
	7 <sub>90</sub> 11 -		

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)]