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 6/26/06

Name of Committee in Full Committee for Joseph U	TEL	
Committee for Joseph W). 1ES 12	Registration Number, if PAC
Full Name of Contributor Rodney Wasserstran		Registration (Wilder)
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
2655 Sherwood Rd.		061906500-00
City	State Zip Code	Form (Cash, Check, etc.)
Colombe	0 H 43209	Check
Full Name of Contributor		Registration Number, if PAC
George Sicaras		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
2988 N. Hish St.		O 6 1 9 0 6 250-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columba	0 H 43202	Check
Full Name of Contributor		Registration Number, if PAC
Mike Paul		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
123 Parsons Le.		061906 100.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
	0 H 43215	Check
Full Name of Contributor		Registration Number, if PAC
Tun Name of Controllor		_
Robert Jettrey	In a constant	M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	
296 Hishbarne Pl.		0 6 1 9 0 6 150-00 Form (Cash, Check, etc.)
City	Sta te Zip Code	
Columbia	0 H 43209	Check
Full Name of Contributor		Registration Number, if PAC
John Kean		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
20 S. Diexel Ave.		062006 50.00
City C	Stal te Zip Code	Form (Cash, Check, etc.)
	0 4 43209	Check
Full Name of Contributor	10 7	Registration Number, if PAC
T CC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
600 S. High St.	Employer cocapanois East organismos	062106 50,00
City	State Zip Code	Form (Cash, Check, etc.)
Colmbis	0 H 43215	Check
Full Name of Contributor		Registration Number, if PAC
Stan Ackley		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
695 Kennick Kd.		062106250.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columba	0 H 43209	Check
* Peguired for contributions from individuals over \$100 to statewide and Ger	eral Assembly candidates. If contributor is self-employe	ed. occupation rather than

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

Transfer the Total contributions	s for this event to form No. 31-A. Under Full Name of Con	tributor state "Contributions from form No. 31-E" a	nd list the date of the event in the date column
Total contributions this event		Total expenditures this event.	
	.ep.s/gigeri		Page Total \$ 1,350. 00
	7a1*		

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)]