31-E R.C. 3517.10(B)

Event Date <u>3/15/06</u> Page <u>16</u>

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

Prescribed by Secretary of State 2/01

Name of Committee in Full	-		,	
Committee for Joseph W	ン. 7	7207	ka,	
Full Name of Contributor	Registration Number, if PAC			
Tony Frisson				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
1470 Cypesswood Ct.				031606 75-00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	4	43229	Check
Full Name of Contributor	Registration Number, if PAC			
B:11 Cu-lis				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
865 Macon Alley		1.	Ta: 0.1	0 3 1 6 0 6 75.00 Form (Cash, Check, etc.)
City	Sta	1	Zip Code 43206	
Eull Name of Contributor	0	H	, , , , ,	Registration Number, if PAC
Full Name of Contributor				
Street Address	M D Y Amount			
47 Maple Dr.	Linployen	Оссиран	on/Labor Organization*	031606 75.00
City .	Sta	te	Zip Code	Form (Cash, Check, etc.)
Calmaka	0	H	43228	Check
Full Name of Contributor	·	\	 	Registration Number, if PAC
James Jarce				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
1335 Deblin Rd.				031606 600.00
City	1 _	te	Zip Code	Form (Cash, Check, etc.)
Colombis	0	H	43215	Check
Full Name of Contributor				Registration Number, if PAC
Carl Swisher	1			M D V Amount
Street Address	Employer	r/Occupati	ion/Labor Organization*	03/606 75.00
1169 Lenore te.	50	a te	Zip Code	Form (Cash, Check, etc.)
City		H	43224	(beck
Full Name of Contributor	C	1 ' /	,	Registration Number, if PAC
Street Address	Employe	r/Occupat	ion/Labor Organization*	M D Y Amount
3452 Petringer Rd.				031606 75-00
City	St	a te	Zip Code	Form (Cash, Check, etc.)
Colomba	0	H	43232	Check
Full Name of Contributor				Registration Number, if PAC
Steven Hartzler				
Street Address	Employe	r/Occupat	ion/Labor Organization*	M D Y Amount
1185 5. Galena Rd.			<u></u>	031606 1,000.00
City		ta te	Zip Code	Form (Cash, Check, etc.)
Calena	0	1-1	43021	Check

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 Nam	e of Contributor stat	e "Contributions from form No. 31-E'	and list the date of the event in the date column

tansier the rotal cor	ittibutions for tins eve	in to form No. 31-7t. Onder 1	an rame of contributor surre	COMMIC ABOUT IT			
otal contributions th	is event			Total expenditure	es this event.		
		weds an				Page Total \$ 1,97	5.00
		Sports.					
	 .						

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