31-E R.C. 3517.10(B)

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

Event Date	3/12/	07
Page		

	Prescribed by Secretary of State 2/01	
Name of Committee in Full		
Committee for Joseph L	U. leste,	Registration Number, if PAC
Full Name of Contributor Tohn Haveisen		7.00.00.00.00.00.00.00.00.00.00.00.00.00
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
587 Fox Ln.		020507 150-00
City	State Zip Code OH 43085	Form (Cash, Check, etc.)
Full Name of Contributor	0 H 43083	Registration Number, if PAC
Reva Snart		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
2460 Donna Dr.		020507 30,00
City	State Zip Code OH 43220	Form (Cash, Check, etc.)
Full Name of Contributor	O A BALL	Registration Number, if PAC
Blaine Sickles		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
7997 Clark Arc.		020507 23-00 Form (Cash, Check, etc.)
City (Sta te Zip Code	Check
Full Name of Contributor		Registration Number, if PAC
Jake Brewer		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 020507 50-00
P.O. Box 13268	Stal te Zip Code	020507 30-00 Form (Cash, Check, etc.)
Whitehall	0 4 43213	Check
Full Name of Contributor		Registration Number, if PAC
Dorothy Centin		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 02050725-00
790 Kinothy L.	State Zip Code	Form (Cash, Check, etc.)
Westerville	0 H 43081	Check
Full Name of Contributor		Registration Number, if PAC
Robert Weiler		M D Y Amount
Street Address 41 5. His St.	Employer/Occupation/Labor Organization*	0205071,000.00
City /	Sta te Zip Code	Form (Cash, Check, etc.)
Columbas	0 4 43215	Check
Full Name of Contributor	-, ,	Registration Number, if PAC
Christ Address	To Kes Employer/Occupation/Labor Organization*	M D Y Amount
750 Willow Bend Ln.	Employer/Occupation/Labor Organization	0209071,000.00
City 1	Sta te Zip Code	Form (Cash, Check, etc.)
Columbs	0 H 43204	Check 1
* Required for contributions from individuals over \$100 to statewide and Gene	eral Assembly candidates. If contributor is self-employed. o	occupation rather than
employer should be listed. If two or more employees contribute via payroll d which the employees are members, if any, must also appear. [R.C. 3517.10(E	eduction and exceed the aggregate of \$100, the labor organ	ization of

date column

Fotal contributions this event		Total expenditures this event.			
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,280.00