## Event Date 8/30/06

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

Name of Committee in Full	<del></del>		wayaya waxaa ahaa ahaa ahaa ahaa ahaa ahaa ah	The gradient warmer and the first state of the firs		
Committee for Joseph W	1 1					
Full Name of Contributor	Registration Number, if P	Registration Number, if PAC				
Street Address	F1	///	on/I shor Organization*	M D Y	Amount	
	Employer/Occupation/Labor Organization*		082806	35-Ò		
3910 Lyon Dr.	C4-	te	Zip Code	Form (Cash, Check, etc.)		
Colombas		1	43220	Check		
	0	H		Registration Number, if P	AC	
Full Name of Contributor						
Thomas Tane ff Street Address	E1	/O	an/I shor Organization*	M D Y	Amount	
	Employer	/Occupation	on/Labor Organization*	082806	35.00	
600 S. Hish St.	Sta	te	Zip Code	Form (Cash, Check, etc.)		
(a) / 1 / 2	0	1-1	43215	Check		
Full Name of Contributor		<b>-</b> -1		Registration Number, if P.	AC	
				,		
Ed Havenstein Street Address	Employer	/Occupati	on/Labor Organization*	MDY	Amount	
2926 E. Mound St.	Employer	Cocupation	OIN DEDOC OTENINGERION	082906	100.00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	en de la companya de	
Calmbe	0	1-1	43209	Check		
Full Name of Contributor	<u></u>	L.,		Registration Number, if P	AC	
Emanuel Fatseas						
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount	
3258 Pebble Beach Rd.			Ť	083006	35-00	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)		
Core City	0	1-1	43123	Check		
Full Name of Contributor	_			Registration Number, if F	AC	
Chris Soteriades					_	
Street Address	Employer/Occupation/Labor Organization*			M D Y	Amount	
811 Northwest Blud.	<u></u>			083106	35-00	
City	St	a te	Zip Code	Form (Cash, Check, etc.)		
Columbs	0	1-1	43212	Check		
Full Name of Contributor  Registration Number, if PAC						
Don Shackel ford			<u>,                                      </u>			
Street Address	Employe	r/Occupati	ion/Labor Organization*	083106	Amount 35-00	
21 E. State St.	<u> </u>					
City	1	a te	Zip Code 4-32/5	Form (Cash, Check, etc.)		
Lolinba	0	1-1	7-52-73	Registration Number, if	PAC	
Full Name of Contributor				veRizmannii taminori' ii i		
Sharon Lytle	Conciler:	=/Osc	ion/Labor Organization*	M D Y	Amount	
1336 Cascare Dr.	Employe	n-occupat	ion/Labor Organization*	083106		
City /	St	ta te	Zip Code	Form (Cash, Check, etc.)	* 3 C C C C C C C C C C C C C C C C C C	
Callonay	0	د د ا	43119	Cash		
Carnotty.						
			stan If contributor is self-employe	d accumation rather than		

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 Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the	date colum

		Tatal aumanditures this quart	
otal contributions this event		Total expenditures this event.	
	, og elfriget omskaren ska <sup>te</sup> -		Page Total \$ 310.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]