31-E R.C. 3517.10(B)

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

Event Date <u>3</u>	12/07
Page 14	

Prescribed by Secretary of State 2/01				
Name of Committee in Full	1 1			
Committee for Joseph W	1 Pes Te	Registration Number, if PAC		
Full Name of Contributor Matt Mnich		registration realison, in 1710		
Street Address 7895 Silver Lake Ct.	Employer/Occupation/Labor Organization*	M D Y Amount 030507 200:00		
7893 3, 100- La Re. C)=	Sta te Zip Code	Form (Cash, Check, etc.)		
Westerville	0 H 43682	Check		
Full Name of Contributor Dave U.M. +		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
5652 Oakmont Dr.	Stal te Zip Code	030507 100-00 Form (Cash, Check, etc.)		
Colombe	0 H 43232	Check		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
6917 Betsey Pl.	2.04	030507 150,00 Form (Cash, Check, etc.)		
City / / / / / / / / / / / / / / / / / / /	Sta te Zip Code	Check		
Full Name of Contributor		Registration Number, if PAC		
George Sicaras		A America		
2460 N. Hizh St.	Employer/Occupation/Labor Organization*	M D Y Amount 200.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Columbs	0 H 43202	Registration Number, if PAC		
Full Name of Contributor Rodney Wasserstrom		Nogishadon Nanosi, ii 1110		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 830907 1,000.00		
2655 Showood Kd.	Sta te Zip Code	6 3 6 9 6 7 7,000,00 Form (Cash, Check, etc.)		
Columbs	8 H 43269	Check		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
2463 Bexten Park	Employer/Occupation Labor Organization	030907 1,000.00		
City	Sta te Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	0H 43209	Registration Number, if PAC		
Robert Teater				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 150.00		
3272 Cleave Hill	Sta te Zip Code	Form (Cash, Check, etc.)		
Dela	0 H 43017	Check		
* Required for contributions from individuals over \$100 to statewide and Gene 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	eccupation rather than ization of		

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 column

Total contributions this event		Total expenditures this event.	
	ord or Victor and and victor Start 1.		Page Total \$ 2,800.00