31-E R.C. 3517.10(B)

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

Event Date 10 25 106 Page 12_

	Prescribed by Secre	any or place 2 of	
Name of Committee in Full Conn. Hee for Joseph W. Tests Full Name of Contributor Registration Number, if PAC			
Committee tor Joseph	W. 18	S 75	Registration Number, if PAC
Full Name of Contributor			. Avagazinanon i inninari i i i i i i
Henry O'Neill, Jr. Street Address 3050 Carriage Ln.			A D A Amount
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount
3050 Carriage Ln.			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
(al m ba	OH	43221	Check
Full Name of Contributor			Registration Number, if PAC
5 / 0 /			
John Peat			M D Y Amount
Street Address	Employer/Occupation	on/Labor Organization*	110806 250.00
1208 Three Forks Dr.			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	Check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount
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Full Name of Contributor			10813HBHOLL VIBILION IN VIVO
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	6.14-	7in Code	Form (Cash, Check, etc.)
City	Sta te	Zip Code	Total (Casin Chock Co.)
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Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
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City	Sta te	Zip Code	Form (Cash, Check, etc.)
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Full Name of Contributor			Registration Number, if PAC
Full Name of Contributor			
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Street Address	Employer/Occupat	tion/Labor Organization*	" " 1
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City	Sta te	Zip Code	Form (Cash, Check, etc.)
* 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			
employer should be listed. If two or more employees contribute via payrol which the employees are members, if any, must also appear. [R.C. 3517.10]	I deduction and exceed	the aggregate of \$100, the lab	or organization of
which the employees are members, it any, must also appear. [R.C. 3517.10	ヘーハマル		
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 and husing this quest		Total expenditures this e	vent.
Total contributions this event		- Compensation of the C	
		1 .	Page Total \$ 450 - 00