31-E

R.C. 3517.10(B)

## Statement of Contributions Received at a Social or Fund-Raising Event Event Date 09/06/06 Page 45

Date	Full Name of Contributor				PAC ID	
_	9/6/2006	Martin	С	Nobile		
Address						
	netery Rd					
City		State	Zip	Organization Name	Form	
filliard OH			43026-		Check	
Amou	\$40.00					
Date		Full Na	tor	PAC ID		
	9/6/2006 Douglas		A Funkhouser			
Address			<u></u>			
560 Van						
City	<del></del>	State	Zip	Organization Name	Form	
Columbus		ОН	43228-		Check	
Amou		Full No	ame of Contribut	or	PACID	
	nt		ame of Contribut	tor Lach	PAC ID	
Date	\$35.00 9/6/2006		ame of Contribut		PAC ID	
Date Address	\$35.00 9/6/2006		ame of Contribut		PAC ID	
Date Address 1910 Lyon	\$35.00 9/6/2006		ame of Contribut		PAC ID Form	
Date Address 1910 Lyon	9/6/2006 n Dr	Barbara		Lach		
Date Address 910 Lyon	9/6/2006 n Dr	Barbara State	Zip	Lach	Form	
Address 1910 Lyor City Columbus	9/6/2006 n Dr	State OH	Zip	Organization Name	Form	
Address 3910 Lyor City Columbus Amoun	9/6/2006 n Dr	State OH	<b>Zip</b> 43220-	Organization Name	Form Check	
Address 910 Lyor City Columbus Amount	9/6/2006 n Dr sant \$35.00	State OH	<b>Zip</b> 43220-	Organization Name	Form Check	
Address 8910 Lyor City Columbus Amount Date	9/6/2006 n Dr sant \$35.00	State OH	<b>Zip</b> 43220-	Organization Name	Form Check	
Date Address 9910 Lyor City Columbus Amoun Date Address 330 S High	9/6/2006  n Dr  s nt \$35.00	State OH	Zip 43220- ame of Contribut	Organization Name	PAC ID Form	
Address 3910 Lyor City Columbus Amoun	9/6/2006  n Dr  s nt \$35.00	State OH  Full Na	Zip 43220- ame of Contribut	Organization Name  Or Gooch	Form Check	

Total	Contr	ibs th	iis ev	vent

Total Expends this event

**Net Amount** 

220.00





Page Total \$<u>/85.</u>