

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

Prescribed by Secretary of State 2/01

Name of Committee in Full <u>Committee for Joseph W. Tasta</u>			
Full Name of Contributor <u>Thompson Hine Good Government Program</u>		Registration Number, if PAC <u>OH428</u>	
Street Address <u>127 Public Sq.</u>	Employer/Occupation/Labor Organization*	M <u>1</u> D <u>1</u> Y <u>0</u> 6	Amount <u>500.00</u>
City <u>Cleveland</u>	State <u>OH</u> Zip Code <u>44114</u>	Form (Cash, Check, etc.) <u>Check</u>	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u> </u> Zip Code <u> </u>	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u> </u> Zip Code <u> </u>	Form (Cash, Check, etc.)	
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Full Name of Contributor		Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*	M <u> </u> D <u> </u> Y <u> </u>	Amount
City	State <u> </u> Zip Code <u> </u>	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 which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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

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Total expenditures this event.

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Page Total \$ 500.00