31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date	11/1/06
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Name of Committee in Full Committee For Jose	ph W. Tas	-fer	Registration Number, if PAC
Full Name of Contributor	Hee for Joseph W. Testan nutor son Hine Good Government Prasran Employer/Occupation/Labor Organization* State Zip Code		
Thompson Hine Good	Employer/Occupat	tion/Labor Organization*	0H 428 M D Y Amount
127 Roblic Sa.			112006 500.00
ty / /	Sta te	Zip Code 44414	Form (Cash, Check, etc.)
ull Name of Contributor	OA	44174	Registration Number, if PAC
an Name of Contributor			
reet Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
ty	Sta te	Zip Code	Form (Cash, Check, etc.)
ıy		Lip cour	
all Name of Contributor			Registration Number, if PAC
reet Address	Employer/Occupation/Labor Organization*		M D Y Amount
icet Address	Employer/Occupat	IOIV Labor Organization	
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
U.S. Complete			Registration Number, if PAC
ull Name of Contributor			Registration (Various, in 1770)
reet Address	Employer/Occupat	ion/Labor Organization*	M D Y Amount
		17: 0.1	Form (Cash, Check, etc.)
ıy	Sta te	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
reet Address	[F/O	tion/Labor Organization*	M D Y Amount
reet Address	Employer/Occupa		
ity	Stal te	Zip Code	Form (Cash, Check, etc.)
W. Maria of Contributor		<u> </u>	Registration Number, if PAC
ull Name of Contributor			Togistation Number, 1777
reet Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
	a.l.	7. 0.1	Form (Cash, Check, etc.)
ty	Stal te	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
reet Address	Employer/Occupa	tion/Labor Organization*	M D Y Aπount
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
tequired for contributions from individuals over \$100 to states amployer should be listed. If two or more employees contribute thich the employees are members, if any, must also appear. [R.	via payroll deduction and exceed	dates. If contributor is self-employ the aggregate of \$100, the labor (yed, occupation rather than organization of
l in the boxes below only on the last page for this event. ansfer the Total contributions for this event to form No. 31-A.	Under Full Name of Contributor s		
tal contributions this event		Total expenditures this even	
- o stani			Page Total \$ 500.0