31-E R.C. 3517.10(B)

Total contributions this event

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

		1	\neg
Event Date _	7121	106	
Page			

Page Total \$ 1,300.00

	Prescribed by Secretary of State 2/01	
Name of Committee in Full		
Committee for Joseph	W. Trete	
Full Name of Contributor		Registration Number, if PAC
P P		
Richard Royer		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	
1480 Dblin Kd.		
City	Sta te Zip Code	Form (Cash, Check, etc.)
(1-60	0 4 43215	Check
Full Name of Contributor		Registration Number, if PAC
Velena Ciamacco		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	
4531 E. Woht St.		
City	Sta te Zip Code	Form (Cash, Check, etc.)
Westerille	0 4 43081	Check
Full Name of Contributor		Registration Number, if PAC
R.11 D		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
	Employer/Occupation/Labor Organization	062306 25.00
5322 Costle Pines	0.1.	Form (Cash, Check, etc.)
City	Sta te Zip Code	
Colombis	OH 43235	Check
Full Name of Contributor		Registration Number, if PAC
Theodor Herric		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
	2projen oceapanes 2acor o sgamas a	062306 50-00
City	Stal te Zip Code	Form (Cash, Check, etc.)
	1/2 200	
Westerville	01-1 43082	Registration Number, if PAC
Full Name of Contributor		Registration Number, it FAC
Koy Girod		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
1505 Kanslewad Ar		062306 50.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Colonba	0 4 43235	Charle
Full Name of Contributor		Registration Number, if PAC
il i i i i i i i i i i i i i i i i i i		
Blaine Sickles		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	A CONTRACTOR OF THE PROPERTY O
7997 Clark Hue		
City	Stal te Zip Code	Form (Cash, Check, etc.)
1) 6/2	0 4 43017	Check Marine
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
and the second	Employer/Occupation/Labor Organization	
1250 W 5 /-tve	Stales 72% Cod-	Form (Cash, Check, etc.)
City	Sta te Zip Code	. / /
Columbs	0 1-1 43204	Check
		-
* Required for contributions from individuals over \$100 to statewide and	General Assembly candidates. If contributor is self-employ	ed, occupation rather than
employer should be listed. If two or more employees contribute via pay which the employees are members, if any, must also appear. [R.C. 3517	roll deduction and exceed the aggregate of \$100, the labor $(.10(B)(4)]$	ngamzanon oi
which the employees are members, it any, must also appear. [N.C. 3317	····/~///}	
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 F.	ull Name of Contributor state "Contributions from form No	31-E" and list the date of the event in the date column

Total expenditures this event.