31-E R.C. 3517.10(B)

Event Date 10/24/07 Page 15

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

Name of Committee in Full		/	الكافعة والقروط بالمساوي والمساوي			
Committee for Jaseph W.	125-	f=,	· · · · · · · · · · · · · · · · · · ·		Registration Nu	umber if PAC
Full Name of Contributor					Registration Nu	miner, it fac
Pat McGreeny Street Address	E	Occumatio	n/I shor Organization		MD	Y Amount
Jacob Sireet Address + PI	Employer/Occupation/Labor Organization*				1025	0750.00
City	Sta	te	Zip Code		Form (Cash, Che	
	0	1-1	43212		Chec	K
Full Name of Contributor					Registration Nu	umber, if PAC
Dave Chite						,
Street Address	Employer/Occupation/Labor Organization*				M D	Y Amount
5554 Worcester Dr.		·			1025	
City	Sta	te	Zip Code		Form (Cash, Che	
Colmbs	0	4	43232	-	Registration Nu	
Full Name of Contributor	-//				Registration Nu	inioei, ii FAC
Conn: Hee for Devey Stokes reet Address Employer/Occupation/Labor Organization*					M D	Y Amount
Street Address 750 Willow Bond Ln.	Employer/	Occupatio .	II/ Labor Organization		1025	
City	Sta	te	Zip Code		Form (Cash, Ch	
	0	H	43204	L	Che	ck Marie
Full Name of Contributor	<u> </u>	•		,,	Registration Nu	ımber, if PAC
Ted Oats						
Street Address	Employer/	Occupatio	n/Labor Organization	*	M D	Y Amount
130 Grandade Are					1023	107 35-00
City	Sta	te	Zip Code		Form (Cash, Ch	leck, etc.)
Worthinston	0	1-1	43083		Registration No	umber if PAC
Full Name of Contributor					Registration 14	miloti, ir rre
Street Address	Ī1	(Onnumatic	// char Organization	*	M D	Y Amount
5342 Hawthornden Ct.	Employer/Occupation/Labor Organization*					507 40.00
City _	Sta	te	Zip Code	<u> </u>	Form (Cash, Cl	neck, etc.)
Dala	0	1-1	43017		Casi	
Full Name of Contributor			<u> </u>		Registration N	umber, if PAC
Matt Mrich						
Street Address	Employer/Occupation/Labor Organization*				M D	Y Amount
7895 Silver Lake Ct.					0 2 0 Form (Cash, C	607 (00.00
City	1	te	Zip Code		Form (Cash, C	neck, etc.)
Westerville	0	<i>H</i>	43082		Registration N	Jumber, if PAC
Full Name of Contributor					110Pigitation 1	
Street Address	Employee	/Occupati	on/Labor Organization	n*	M D	Y Amount
1709 Dabridge Rd.	Supply of Goodpanors 20001 Organization				1026	6 7 35-00
City	Sta	a te	Zip Code		Form (Cash, C	heck, etc.)
Columbs	0	H	43229		Che	ck
		·				
* 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			Total expenditure	s this event.		
-Aution				· 1	!	Page Total \$ 395.00
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