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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	riescribe	u by Secre	etary of State 2/01		
Name of Committee in Full		and the second second	/		
Committee to Joseph L	A. "	100	- and Emily		
Full Name of Contributor				Registration Number, if PAC	
Connitee for Joseph C Full Name of Contributor Thompson Hine Good Con	exament fastan			04428	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
Street Address  127 Public Sq.  City  Cleveland				112006 500 00	
City	State Zip Code		Zip Code	Form (Cash, Check, etc.)	
Cleveland	0	j-l	Galanter I / Carfeer	Check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	on/Labor Organization*	M D Y Amount			
	Employer/Occupation/Labor Organization*				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
,					
Full Name of Contributor	1			Registration Number, if PAC	
Caract A dalung	r			M D Y Amount	
Street Address	Employer/Occupation/Labor Organization*			Amount	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	lum and a second			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
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Full Name of Contributor			and a manage of a control of the second and only provided in the second and another second and a	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
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Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
City	Sta	te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount	
		*			
City	Sta	a te	Zip Code	Form (Cash, Check, etc.)	
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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions f	or this event to form No. 31-A. Under Full Name of	of Contributor state "Contributions from form No. 31-E" and list the d	ate of the event in the date column
Total contributions this event		Total expenditures this event.	
	enter of the second sec		Page Total \$ 500 - 00

<sup>\*</sup> 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)]