31-E R.C. 3517.10(B)

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

Event Date	11/1/06	
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	Prescribe	d by Secre	tary of State 2/01	
Name of Committee in Full Committee for Joseph	11.1	7	- 1	
Full Name of Contributor		, ,	CS JE,	Registration Number, if PAC
Robert Recilli				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
1960 Cambridge Blud.			<u></u>	110206 300.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombis	0	1	43221	Check
Full Name of Contributor Pacald Falcoski				Registration Number, if PAC
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount 110206 300.00
City Kiver Kd.	Sta	te	Zip Code	Form (Cash, Check, etc.)
Marthington	0	H	43085	Check
Full Name of Contributor		<u> </u>		Registration Number, if PAC
Coabbe Bourn & James				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
500 S. Front St.				110206 200.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columba	0	H	43215	Check
Full Name of Contributor				Registration Number, if PAC
Vack Kennedy				
Street Address	Employer	/Occupatio	on/Labor Organization*	M D Y Amount
3282 Welsh Albery Rd.		17.	125 0-1-	/ / 02 06 / 00 - 00 Form (Cash, Check, etc.)
D. S.	Sta	1e	Zip Code 43017	Check
Full Name of Contributor				Registration Number, if PAC
James Pontins				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
3491 Kiver Narrous Rd.				110206 100-00
City	1	te	Zip Code	Form (Cash, Check, etc.)
Hilliard	0	1	43026	Check
Full Name of Contributor				Registration Number, if PAC
Rich Vones	1 .			M D Y Amount
Street Address 5531 Oldwynne Rd.	Employer	r/Occupation	on/Labor Organization*	110206 100.00
City	St	a te	Zip Code	Form (Cash Check, etc.)
Hilliand	0	H	43026	Cash
Full Name of Contributor Tool Bowen				Registration Number, if PAC
Street Address	Employe	r/Occupati	on/Labor Organization*	M D Y Amount
5466 Cedar Boh Rd.				110206 100.00
City	l l	a te	Zip Code	Form (Cash, Check, etc.)
Colombe	0	1-1	43229	Cash
		ـ لـ : الـ حمد بدأ	oton If contributor is relf or	mployed occupation rather than
 Required for contributions from individuals over \$100 to statewide and Gene employer should be listed. If two or more employees contribute via payroll de 	eduction an	d exceed t	he aggregate of \$100, the la	abor organization of
which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]			
City of the bound halant only on the last many for this quant				

 Required for contributions from individuals over \$1 employer should be listed. If two or more employees which the employees are members, if any, must also 	s contribute via payroll deduction	mbly candidates. If contributor is and exceed the aggregate of \$10	is self-employed, occupation of the labor organization of	f
Fill in the boxes below only on the last page for this e Transfer the Total contributions for this event to form	event. No. 31-A. Under Full Name of C			st the date of the event in the date column
Total contributions this event		Total expenditi	ires this event.	
	-q-lifes 			Page Total \$ 1,400.00