31-E

R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Event Date 09/13/06 Page 67

9/13/2006 Sara	Date Full Name of Contributor				
9/15/2000 5ata	1	J	Ruben		
Address					
062 Springfield Ct					
City	State	Zip	Organization Name	Form	
Vesterville				Check	
Amount \$50.00					
Date	Full Na	ame of Contribut	or	PAC ID	
9/13/2006 Kathleen		M Mayo			
Address					
20 S Cassady Rd					
City	State	Zip	Organization Name	Form	
Bexley	OH	43209-		Check	
Amount \$40.00					
\$40.00 Date		ame of Contribut		PAC ID	
\$40.00		nme of Contribut	or Howard	PAC ID	
\$40.00 Date 9/13/2006 Care				PAC ID	
\$40.00 Date 9/13/2006 Card				PAC ID	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av				Form	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av	ol	J	Howard		
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av	State	J Zip	Howard	Form	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av City Columbus Amount \$50.00	State OH	J Zip 43209-	Howard Organization Name	Form Check	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av City Columbus Amount	State OH Full Na	J Zip	Howard Organization Name	Form	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av City Columbus Amount \$50.00 Date 9/13/2006 Jani	State OH Full Na	J Zip 43209-	Organization Name	Form Check	
\$40.00 Date 9/13/2006 Card Address 440 N Columbia Av City Columbus Amount \$50.00	State OH Full Na	J Zip 43209-	Organization Name	Form Check	
\$40.00 Date 9/13/2006 Card Address 40 N Columbia Av City Columbus Amount \$50.00 Date 9/13/2006 Jani Address	State OH Full Na	J Zip 43209-	Organization Name	Form Check	

390.00

Total	Exper	ahı	thic	event
1 ()(3)	L'XIII	RIS	LIBES	even

Net Amount

390.00

Page Total \$ /90.00