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 8130106

Name of Committee in Full				
Ivanie of Committee in Full	Commence.			The state of the s
Connitee for Joseph U	1. 1 Es ta			
Full Name of Contributor			Registration Number, if Pa	<b>\</b> C
John Price				
Street Address	Employer/Occupation/Lab	or Organization*	M D Y	Amount
505 Whitney Are.			090106	35.00
City	State Zip C		Form (Cash, Check, etc.)	
Worthinsten	0 1-1 4	+3685	Check	A STATE OF S
Full Name of Contributor			Registration Number, if PA	C
Keva Smart				,
Street Address	Employer/Occupation/Labo	or Organization*	M D Y	Amount
2460 Donna Dr.			090106	35-20
City	Sta te Zip C		Form (Cash, Check, etc.)	
Columbs	041	43226	Check	
Full Name of Contributor			Registration Number, if PA	VC
Charles Blestone				
Street Address	Employer/Occupation/Labo	or Organization*	M D Y	Amount
7485 Tottenham Pl.			090506	35-00
City	Sta te Zip C	*	Form (Cash, Check, etc.)	
New Albany	0 1-1 4	13054	Check	
Full Name of Contributor	I		Registration Number, if Pa	\C
Ted Blain				
Street Address	Employer/Occupation/Laboration/La	or Organization*	M D Y	Amount
2295 Hiauctha Park			090506	20-00
City	Sta te Zip C	1	Form (Cash, Check, etc.)	
Colmbs	6 61	+3211	Check	- 1
Full Name of Contributor Registration Number, if PAC				
Celia Forker				
Street Address	Employer/Occupation/Lab	or Organization*	M D Y	Amount
1942 Stelzer Rd.			090806	45.00
City	Sta te Zip C		Form (Cash, Check, etc.)	
Colombs	0 1-1 6	+3219	Check	
Full Name of Contributor			Registration Number, if P	AC
	•			
Street Address	Employer/Occupation/Lab	or Organization*	M D Y	Amount
City	State Zip C	`ode	Form (Cash, Check, etc.)	
City	July 2.10 C		2 Sill (Casin Check viti)	art fall of the
Full Name of Contributor	<u> </u>		Registration Number, if F	AC
Total Emplayee Contribution	ons For F	31-6-		
Street Address	Employer/Occupation/Lab		M D Y	Amount
				1,825-0
City	Sta te Zip C	Code	Form (Cash, Check, etc.)	and the second
	And the second s			

	Total expenditures this event.	( )
ing in Friend		Page Total \$ 1,995.00
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<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)]