31-E R.C. 3517.10(B)

## Event Date 10/6 65

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

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Committee for Joseph	111 7-1	
Full Name of Contributor	VU , I ESTE	Registration Number, if PAC
		VADIDUMAN VARINASI VALLA
Street Address		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	101105 35.00
505 Whitney Ave.	0.1. [7: 0.1.	Form (Cash, Check, etc.)
City	Sta te Zip Code	Chack
Worth raten	0 H 43085	Registration Number, if PAC
A / Contributor		Registration Number, if The
Nancy laylor	I	M D Y Amount
Street Address /	Employer/Occupation/Labor Organization*	
City Of Maring St.	Sta te Zip Code	
	1 1 -	Check
Full Name of Contributor	OH 43085	Registration Number, if PAC
Street Address	Touris and Comment of the Commission	M D Y Amount
5. M. 51	Employer/Occupation/Labor Organization*	101105 35.00
City 701 // lorning of	Stal te Zip Code	Form (Cash, Check, etc.)
(1/1 +/ > /	0 H 43085	Chark
Full Name of Contributor	0 7, 13003	Registration Number, if PAC
Shoemaker Howarth ! T	T = I = I = I	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
471 F B 14	Employer occupation Euror organization	101105 50.00
City _	Sta te Zip Code	Form (Cash, Check, etc.)
	0 H 43215	Check
Full Name of Contributor	,	Registration Number, if PAC
Downes, Hust : Fisher	_/	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
4005 5Th St.		101105 70.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columba	0 H 43215	Check
Full Name of Contributor		Registration Number, if PAC
De McClad		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
1666 Birdson Ct.		101105 100.00
City 21 1 1	Stal te Zip Code	Form (Cash, Check, etc.)
Blacklick	0 H 43004	Check
Full Name of Contributor		Registration Number, if PAC
Mark Aradd		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
13435 /h: hor K1		101205 70-00
City /	Sta te Zip Code	Form (Cash, Check, etc.)
Pickerinten	0H 43147	Check
*D 16	aral Assembly andidates If contributor is self-employed.	

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 expenditures	Total expenditures this event.		
	-marifices			Page Total \$ 395.00 V	

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather that
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)]