31-E R.C. 3517.10(B)

Event Date 10/23/06 Page 🚿

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

Name of Committee in Full Committee in Full Full Name of Contributor		- 1	
Committee ton Vose	ph W. Je	.s.7°	I Providencia Number (CDAC
Full Name of Contributor Marvin Farley			Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
13430 Winchester	21.		102706 200:00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Hshville	0 1	1 43103	Check
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount
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City	Sta te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occur	pation/Labor Organization*	M D Y Amount
Address	Employenoccu	pation basor Organization	
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/Occu	pation/Labor Organization*	M D Y Amount
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occu	pation/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/Occi	upation/Labor Organization*	M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
		-	
* Required for contributions from individuals over \$100 to state			
	wide and General Accembly car	adidates. If contributor is self-empl	loyed, occupation rather than

City		Sta te	Zip Code	Form (Cash, Check, etc.)		
Required for contributions from individent employer should be listed. If two or mowhich the employees are members, if an area of the contribution of the contributions of the contributions of the contributions of the contributions from the contributions from the contributions from the contributions of the contributions from the contributions of the contribution of the co	re employees contribute via payroll de	duction and exceed	dates. If contributor is self-em the aggregate of \$100, the lab	ployed, occupation rather than oor organization of		
fill in the boxes below only on the last paramsfer the Total contributions for this e	age for this event. vent to form No. 31-A. Under Full Na	me of Contributor	state "Contributions from form	No. 31-E" and list the date of the event in the date column		
otal contributions this event		Total expenditures this event.				
	oog silfrede envelseere Sui ^{ste} t			Page Total \$ 200.00		