31-E R.C. 3517.10(B)

Event Date 4/24/08

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

Prescribed by Secretary of State 2/01									
Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		g						
Committee for Joseph W. Tosta									
Full Name of Contributor				Registration Number, if PAC					
Robert Weiler			•						
Street Address	Employer/	Occupati	ion/Labor Organization*	M D Y Amount 02/408/600-00					
41 S. Hish St.									
City	Sta	,	Zip Code	Form (Cash, Check, etc.)					
Lalumbs	0	1-1	43215	Registration Number, if PAC					
Full Name of Contributor	Registration Number, it FAC								
Connitee ter Lewey Sto Street Address	·	Occumenti	on/Labor Organization*	M D Y Amount					
750 Willow Bend Ln.	Employer	Оссиран	OW LADOR Organization	0215081,000.00					
City	Stal	te	Zip Code	Form (Cash, Check, etc.)					
Calemba	0	H	43204	Check Barrier					
Full Name of Contributor				Registration Number, if PAC					
Lavrence Ruben									
Street Address	Employer/	Occupati	on/Labor Organization*	M D Y Amount					
140 S. Columbia He.				021908 250.00					
City	Sta	Sta te Zip Code		Form (Cash, Check, etc.)					
Bexley	0	1-1	43209	Check Market 1988					
Full Name of Contributor				Registration Number, if PAC					
Street Address	M D Y Amount								
HOO S C-CH SI	Employer/	Occupati	on/Labor Organization*	021908 1,000-00					
City	Sta	te	Zip Code	Form (Cash, Check, etc.)					
Columba	0	fort	43215	Check					
Full Name of Contributor		***************************************		Registration Number, if PAC					
John Chester									
Street Address	Employer/	Occupati	on/Labor Organization*	M D Y Amount					
65 E. State St.				0221081,000.00					
City	Sta	_	Zip Code	Form (Cash, Check, etc.)					
Colom 6-3	0	14	43215	Checle					
Full Name of Contributor		And the same of th	k	Registration Number, if PAC OHLOF					
Atavocates to Effect. Street Address	7	<u>Car</u>	<u>conen</u>	M D Y Amount					
52- E C - St	Employer	Occupati	ion/Labor Organization*	La La La La La Compania					
City St.	Sta	te	Zip Code	Form (Cash, Check, etc.)					
Calcaba	1	f-1	43215	(6-6-					
Full Name of Contributor				Registration Number, if PAC					
Blaine Sickles									
Street Address	Employer	/Occupat	ion/Labor Organization*	M D Y Amount					
7997 Clark He				022508 250					
City	Sta		Zip Code	Form (Cash, Check, etc.)					
Ublin		1	43017	Chedt 開発					
* Required for contributions from individuals over \$100 to statewide and Gene	eral Assembl	ly candid	ates. If contributor is self-emple	oved, occupation rather than					
employer should be listed. If two or more employees contribute via payroll d	leduction and								
which the employees are members, if any, must also appear. [R.C. 3517.10(E	3)(4)]								
Fill in the boxes below only on the last page for this event.									

Total contributions this event		Total expenditures this event.	
	ent of the seminary.		Page Total \$ 5,275.00