31-E R.C. 3517.10(B)

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

Event Date _	11	<u> </u>	106	
age 14				

Page Total \$ 4,500.00

	Prescribed by Se	ecretary of State 2/01				
Name of Committee in Full						
Committee for Jose	sh U	1. heste				
Full Name of Contributor			Registration Number, if PAC			
William Wells						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
6241 Riverside Dr.			110206 500.00			
City	Sta te Zip Code		Form (Cash, Check, etc.)			
1) blin	0 0	( 430m	Check			
Full Name of Contributor  Registration Number, if PAC						
Matthew Maich	T=		M D Y Amount			
7895 Silver Lake Ct.	Employer/Occupation/Labor Organization*		1102061,000.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Westersille	0 1	( 43682	Check .			
Full Name of Contributor Registration Number, if PAC						
Jettrey Clavan	- 1					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
92 Hantool St.	Ct-lt-	7:- Codo	/ / 0206 /,000.60 Form (Cash, Check, etc.)			
City	Sta te	Zip Code 4326	Checket.			
Full Name of Contributor	0 1-1	7 32-0	Registration Number, if PAC			
			A Company of the Comp			
Brian Kelleher Street Address	Employer/Occup	eation/Lahor Organization*	M D Y Amount			
3994 The Old Poste Rd.	Employer/Occupation/Labor Organization*		110206 5000			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Colmba	0 4	4 43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Scott Blackwell						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
6172 Colombs Pite			110206 500-00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Levis Center	0 6	43035	Check			
Full Name of Contributor			Registration Number, if PAC			
Mark Herbst						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
12001 Stockwell Kd.	Sta te Zip Code		Form (Cash, Check, etc.)			
City	Sta te   Zip Code   43074		C A C A			
Full Name of Contributor			Registration Number, if PAC			
Turry or controllor						
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
5675 Feder Rd.			110206 500.00			
Collmbs	Sta te	Zip Code 43228	Form (Cash, Check, etc.)			
	1.4	313 Ye	and accompation without them			
* Required for contributions from individuals over \$100 to statewide and Ger employer should be listed. If two or more employees contribute via payroll	neral Assembly can deduction and exce	ed the aggregate of \$100, the labor of	rea, occupation faciles than organization of			
which the employees are members, if any, must also appear. [R.C. 3517.10(						
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 1	Name of Contributo	r state "Contributions from form No	31-E" and list the date of the event in the date column			
Total contributions this event	Total expenditures this event.					