31-E R.C. 3517.10(B)

Event Date 3/12/07 Page 10

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

	ricaciibe		ctary of State 2501	The state of the s
Name of Committee in Full			1	
Committee for Joseph W	<u> </u>	257	Z ₁	Registration Number, if PAC
Full Name of Contributor				Registration Number, if TAC
Thomas Stewart	7			Ad D M Amount
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount 100-00
1385 Fantaine Lt.		T	7: 0.1	Form (Cash, Check, etc.)
City	OSt	f	Zip Code 43221	
Colombe		17	45221	Check Registration Number, if PAC
Full Name of Contributor				Registration Number, it FAC
Ed Harenstein				M D Y Amount
	Employer	/Occupati	on/Labor Organization*	020507 100.00
2926 E. Mond St.		J.,	Zip Code	Form (Cash, Check, etc.)
City	ا م	te	43209	Check
Full Name of Contributor		/ ((3-07	Registration Number, if PAC
				Registration Number, in TAC
Delena Cianacco Street Address	ı			M D Y Amount
- / / / -:	Employen	/Occupation	on/Labor Organization*	020507500.00
4531 E. Waht St.	Sto	te	Zip Code	Form (Cash, Check, etc.)
Westersille	0	H	43681	Check
Full Name of Contributor	U		(2001	Registration Number, if PAC
Allen Shapherd				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
6295 Cosgray Rd.	Employen	Оссира ці	Oly Labor Organization	0205071,000.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
1) blin	0	H	43016	Check
Full Name of Contributor	<u> </u>			Registration Number, if PAC
George Kontagiannis				
Street Address	Employer/Occupation/Labor Organization*			M D Y Amount
400 S. F. F. St.				020507 100.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombs:	0	H	43215	Check
Full Name of Contributor			The second secon	Registration Number, if PAC
Ed Carc				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
6088 Nicholas blen				020507 75.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombis	0	H	43213	Check
Full Name of Contributor				Registration Number, if PAC
Mark Amold			·	
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
13435 Milnor Kd.				020507 150.00
City O i	Sta	a te	Zip Code	Form (Cash, Check, etc.)
lickerington	0	H	43147	Check
* Required for contributions from individuals over \$100 to statewide and Gene	ral Assemb	ly candida	ates. If contributor is self-employed	occupation rather than

	General Assembly candidates. If contributor is self-employed, occupation rather than oll deduction and exceed the aggregate of \$100, the labor organization of 10(B)(4)}	
	Il 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 this event.	
.d=fit-	Page Total \$ 2, 02.5.0	O