## Event Date 9/13/06

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

Prescribed by Secretary of State 2/01

Full Name of Contributor  Dance I Malenick  Servet Address  44461 Wayside Dr.  Employer/Occupation/Labor Organization*  Wayside Check  Full Name of Centributor  Tonas Gross  State Zip Code			
Full Name of Contributor  Dence   Malenick  Street Address  44461 Way 5ide D.  Employer/Occupation/Labor Organization*  State Zip Code Check  Full Name of Contributor  Thomas Gross  Street Address  Employer/Occupation/Labor Organization*  Street Address  Full Name of Contributor  Full Name of Contributor  Thomas Gross  Employer/Occupation/Labor Organization*  Street Address  Full Name of Contributor  City  Was far.  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  A GROS Address	Name of Committee in Full	1	
Full Name of Contributor  Dence   Malenick  Street Address  44461 Way 5ide D.  Employer/Occupation/Labor Organization*  State Zip Code Check  Full Name of Contributor  Thomas Gross  Street Address  Employer/Occupation/Labor Organization*  Street Address  Full Name of Contributor  Full Name of Contributor  Thomas Gross  Employer/Occupation/Labor Organization*  Street Address  Full Name of Contributor  City  Was far.  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Employer/Occupation/Labor Organization*  Street Address  Street Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  My D Y Amount  A GROS Address  Employer/Occupation/Labor Organization*  A GROS Address	Connittee for Joseph	W. lester	is in the second
Street Address  Full Name of Contributor  Size Address  Size Address  Full Name of Contributor	Full Name of Contributor		Registration Number, it PAC
Street Address  Full Name of Contributor  Size Address  Size Address  Full Name of Contributor	Donal Maleniak		
City  Naples  Full Name of Contributor  Thomas Gross  Street Address  Full Name of Contributor  City  Naples  Full Name of Contributor  Thomas Gross  Street Address  Full Name of Contributor  City  State  OH  43221  Full Name of Contributor  City  Naples  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Street Address  Full Name of Contributor  City  State  OH  43221  Full Name of Contributor  City  State  OH  43082  Full Name of Contributor  City  State  State  City  State  State	Street Address	Employer/Occupation/Labor Organization*	
State   Zip Code   Form (Cash, Check, etc.)   Check	4461 Wayside Dr.		083006 250-00
Full Name of Contributor  Street Address  Full Name of Contributor  Street Address  Full Name of Contributor  City  City  City  Sure Address  Full Name of Contributor  Full N			T
Full Name of Contributor  Thomas Gross  Street Address  Greet Address  Full Name of Contributor  Thomas Gross  Street Address  Full Name of Contributor  May D Y Aprount  100.00  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Form (Cash, Check, etc.)  Registration Number, if PAC  Full Name of Contributor  Full Name of Contributor  Street Address  Full Name of Contributor  Full Name of Contributo	l 1 1 1	FL 34119	Check
Thomas Cross  Street Address  2531 Ab when Rd.  Employer/Occupation/Labor Organization*  D H 43221  Check  Full Name of Contributor  The Street Address  City  Wasterille  D H 43082  Employer/Occupation/Labor Organization*  The State of the		La company of the control of the con	Registration Number, if PAC
Employer/Occupation/Labor Organization*  2531 Abinsten Rd.  Employer/Occupation/Labor Organization*  State Zip Code  OH 43221  Registration Number, if PAC  City  Wasterville  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Street Address  Employer/Occupation/Labor Organization*  Full Name of Contributor  Teach  Street Address  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  State Zip Code  Form (Cash, Check, etc.)  Check  Registration Number, if PAC  Form (Cash, Check, etc.)  Check  Registration Number, if PAC  Full Name of Contributor  Teach  Registration Number, if PAC  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Clumbs  Full Name of Contributor  Full Name of Contrib	77		
City  Clay State   Zip Code   Form (Cash, Check, etc.)  Full Name of Contributor  Math Marich  Street Address   Employer/Occupation/Labor Organization*   May D Y Amount Of the Contributor   Page 5   Name of Contributor    Full Name of Contributor   State   Zip Code   Form (Cash, Check, etc.)    City  City  City  State   Zip Code   Form (Cash, Check, etc.)    City  City  City  State   Zip Code   Form (Cash, Check, etc.)    City  City  City  City  State   Zip Code   Form (Cash, Check, etc.)    City  C		Employer/Occupation/Labor Organization*	M D Y Amount
City  Colombus  Full Name of Contributor  Full Name of Contributor  Street Address  Full Name of Contributor  Full Name of Contributor  City  Ci		Employen Cocapanon Lacet organization	083006 100-00
Full Name of Contributor  Full Name of Contr		Stal te Zip Code	
Full Name of Contributor  Math Marich  Street Address  Treet Addre		1 1 1 1 1 2 2 2 1	Check
Math Marich  Street Address  Type 5 S. Iver Lake Ct.  Stal te Zip Code Form (Cash, Check, etc.)  Westerville  O 14 43082  Check  Registration Number, if PAC  Stal te Zip Code Form (Cash, Check, etc.)  Westerville  David Laver  Street Address  Street Address  Full Name of Contributor  Dean Chambes  Street Address  Street Address  Full Name of Contributor  Dean Chambes  Street Address  Full Name of Contributor  Tean Chambes  Street Address  Full Name of Contributor  Tean Chambes  Street Address  Full Name of Contributor  Full Name of Contributor  Tean Chambes  Street Address  Full Name of Contributor  Full Name	Full Name of Contributor	UFU	Registration Number, if PAC
Street Address  Employer/Occupation/Labor Organization*  M D Y Amount 7895 S. Iver Lake Ct.  State Zip Code O 14 43082  Form (Cash, Check, etc.)  Street Address  Street Address  Street Address  City  State Zip Code O H 43081  Employer/Occupation/Labor Organization*  State Zip Code O H 43081  Form (Cash, Check, etc.)  O 9 0 8 0 6 100-00  City  State Zip Code O H 4307  Form (Cash, Check, etc.)  Check  State Address  Street Address  Street Address  Street Address  Street Address  Street Address  Form (Cash, Check, etc.)  Check  Form (Cash, Check, etc.)  Check  Check  Form (Cash, Check, etc.)  Amount			
Street Address  City  Westerville  Full Name of Contributor  David  City  Street Address  Street Address  Full Name of Contributor  City  City  Street Address  Street Address  City  City  Street Address  Full Name of Contributor  City  City  City  Street Address  Full Name of Contributor  City  City		FlevelO-constign // short O-consignation*	M D Y Amount
State Zip Code Form (Cash, Check, etc.)  Wasterville  O 14 43082  Check  Full Name of Contributor  David Laver  Street Address  Street Address  O H 43082  Check  Registration Number, if PAC  Employer/Occupation/Labor Organization*  O 90806  Form (Cash, Check, etc.)  Check  Registration Number, if PAC  Employer/Occupation/Labor Organization*  Registration Number, if PAC  City  Cly  Cly  Cly  Cly  Cly  Cly  Cly  C		Employer/Occupation/Labor Organization*	
Full Name of Contributor  Street Address  Full Name of Contributor  David Laver  Street Address  Full Name of Contributor  David Laver  Employer/Occupation/Labor Organization*  State Zip Code OH 43017  Full Name of Contributor  Pull Name of Contributor  Street Address  Street Address  Street Address  I 892 B. Hadale D.  Employer/Occupation/Labor Organization*  State Zip Code OH 43232  Full Name of Contributor  Registration Number, if PAC  State Zip Code OH 43232  Full Name of Contributor  Full Name of Contributor  Tonny Taneff  Street Address  Employer/Occupation/Labor Organization*  My D Y Amount OH 43232  Check  Registration Number, if PAC  Employer/Occupation/Labor Organization*  My D Y Amount OH 43232  Check  State Zip Code OH 43232  Check  Form (Cash, Check, etc.)  Check  Amount OH Amount OH Amount OH Amount OH Amount OH Amount OH O		Stal to 7 in Code	
Full Name of Contributor  Da.id Laver  Street Address  5386 Daniker Park  Employer/Occupation/Labor Organization*  Stale Zip Code OH 43017  Full Name of Contributor  Tean Chambers  Street Address  Street Address  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Registration Number, if PAC  Employer/Occupation/Labor Organization*  M D Y Amount O 90806 100.00  Form (Cash, Check, etc.)  Check  Check  Check  Town J Taneff  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  O 9 0 8 0 6 100-00	City		
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City Columb State Columb State City Columb State City Columb State City Columb State	Street Address	Employer/Occupation/Labor Organization*	
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Full Name of Contributor  Tonny Taneff  Street Address  Employer/Occupation/Labor Organization*  M D Y Amount  O 9 0 8 0 6 100-00			Form (Cash, Check, etc.)
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Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 9 0 8 0 6 100-00	Full Name of Contributor		Registration Number, if PAC
Street Address  Employer/Occupation/Labor Organization*  M D Y Amount O 9 0 8 0 6 100-00	Tonny Tareff	·	
(all ) - Hich It	Street Address	Employer/Occupation/Labor Organization*	
	600 S. Hich St.		090806 100-00
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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

ransfer the Total contributions fo	r this event to form No. 31-A. Under Full Name of	*Contributor state "Contributions from form No. 31-E" and list the	e date of the event in the date column
otal contributions this event		Total expenditures this event.	
	, of = 19 get		Page Total \$ 1,150.00
			<u> </u>

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]