31-E R.C. 3517.10(B)

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

Event Date_	10/8/08	
Page 20		

Name of Committee in Full							
Contact Visesty Witests							
Full Name of Contributor				Registration Number, if PAC			
Cal Chaistan							
Street Address	Employer/Occupation/Lab	or Organization*	M D	Y Amount			
5345 H. + L. (C+				08 40.00			
City	Sta te Zip C	Code	Form (Cash, Check	c, etc.)			
$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	04	43017	Cash				
Full Name of Contributor			Registration Num	ber, if PAC			
		,					
Mla, H Mhich Street Address	Employer/Occupation/Lab	or Organization*	M D	Y Amount			
	Employer/Occupation Education Organization		1009	08 100.00			
7895 Silve-Lake Ct.	Sta te Zip C	Code	Form (Cash, Chec	c, etc.)			
City	1 1 1	43081	Cash				
Westerille			Registration Num	ber, if PAC			
Full Name of Contributor							
Hothory Mollica	T. 1. 20 .: "."	Organization*	M D	Y Amount			
Street Address	Employer/Occupation/Lab	oor Organization		08 50-00			
1601 Bethel Rd.	Sto to 7:- (Code	Form (Cash, Chec				
City			Chec				
Lolonbes	6 4 6	+3220	Registration Num				
Full Name of Contributor			Registration real				
Pa+ Mc Creery			M D	Y Amount			
Street Address	Employer/Occupation/Lal	bor Organization*		08 50.00			
1925 Edgement Rd.			/ 0 0 7				
City		Code 43212	Fonii (Casii, Cilet	k, cic.)			
Columba	OH	~ J_L L	Chec	the iCDAC			
Full Name of Contributor			Registration Nur	idel, il PAC			
Chais Soteriades				V. Amount			
Street Address	Employer/Occupation/La	abor Organization*	M D	Y Amount 35.00			
811 Northwest Blud.							
City	1 *	Code	Form (Cash, Che				
Colembis	0 4	4-3212	Chec				
Full Name of Contributor			Registration Nu	mber, if PAC			
Robert Wolan							
Street Address	Employer/Occupation/L	abor Organization*	M D	Y Amount			
3884 Nacharak De			1009				
City	Sta te Zip	Code	Form (Cash, Ch	eck, etc.)			
(3/20268	0 4	43220	Chec	L			
Full Name of Contributor			Registration Nu	mber, if PAC			
Brian Barnes							
Street Address	Employer/Occupation/L	abor Organization*	M D	Y Amount			
4077 D./ Dk			1000	0835.00			
City	Sta te Zij	p Code	Form (Cash, Ch	eck, etc.)			
1266	0 1-1	43016	Chec	K The second			
* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than							
Required for contributions from individuals over 3100 to state and other and exceed the aggregate of \$100, the labor organization of 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)]							
which the employees are members, it any, must also appear. [160. 3577.10(0)], 17							
Fill in the boxes below only on the last page for this event.							
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							
otal contributions this event Total expenditures this event.							
	•			Page Total \$ 345.00			
urradysm, Sol th i							
1 1	1	1					