31-E R.C. 3517.10(B)

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

Event Date	3/15/06
Page <u>19</u>	

	Treserioe	,	Liarly Of State 2701	
Name of Committee in Full				
Committee for Joseph	W.	7-	25/5	
Full Name of Contributor				Registration Number, if PAC
Pol + Posta				·
Street Address	I. ,		π. 1 O	M D Y Amount
	Employer	Occupation	on/Labor Organization*	
530 W. Spring St.	ļ		Tail a .	0 3 2 0 0 6 5 0 . 60 Form (Cash, Check, etc.)
City	Sta	te	Zip Code	
Colombia	O	\mathcal{H}	43215	Check
Full Name of Contributor			,	Registration Number, if PAC
Marin Farley				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
13430 Winchester R1	' '	•		032706 100.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
" 1 / //.			43/03	C L _ L
Full Name of Contributes	0	<i>J</i> -₹	درن د ۲	Registration Number, if PAC
Full Name of Contributor				rogistiation rightbody is 1710
Vanes Kine	,			
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount
2550 W. 51 Are				040306 10.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	H	43204	Check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			Registration Number, if PAC
Allen Shepherd				
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
6295 Cassing Rd.				041206 525-00
City _	Sta	te	Zip Code	Form (Cash, Check, etc.)
$\Gamma^{\circ} \mathcal{D} \mathcal{M}$	0	4	43016	Check
Full Name of Contributor			7,50.0	Registration Number, if PAC
run Name of Contributor				registration realition, in the
Steven Boone				
Street Address	Employer	Occupation (Occupation)	on/Labor Organization*	M D Y Amount
1780 Welsh Hills Rd.				041206 1,000.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Granville.	0	1-1	43023	Check
Full Name of Contributor	·			Registration Number, if PAC
Dorothy Curtin				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
79 Kinothy Dr.			5	041706 25-00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Talesta - : 1/c	0	H	43081	(L-L
Full Name of Contributor			1000	Registration Number, if PAC
1 1 1				,
Uras Nelson				M D Y Amount
Street Address	Employer	/Occupati	ion/Labor Organization*	
P.O. Box 730	ļ		-r	
City.	1 _	te	Zip Code	Form (Cash, Check, etc.)
11 larysville	0	1-1	43046	Check
* Required for contributions from individuals over \$100 to statewide and Gene	ral Assemb	ly candida	ates. If contributor is self-employ	ed, occupation rather than

employer should be listed. If t	om individuals over \$100 to statewide and General A wo or more employees contribute via payroll deduct ibers, if any, must also appear. [R.C. 3517.10(B)(4)]	ion and exceed the aggregate of \$10	is self-employed, occupati 00, the labor organization	on rather than of
ill in the boxes below only on ransfer the Total contributions total contributions this event	the last page for this event. for this event to form No. 31-A. Under Full Name o		from form No. 31-E" and l	list the date of the event in the date column
	es étre : 			Page Total \$ 2,710.00