

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Will Petrik for Columbus				
Full Name of Contributor Robert Studzinski			Registration Number, if PAC	
Street Address 621 S. Cassingham Rd	Employer/Occupation/Labor Organization* Photographer/Retired		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Shanahan			Registration Number, if PAC	
Street Address 3192 Morningshade Dr	Employer/Occupation/Labor Organization* Self/Consultan		M 0	D 9
City Columbus	State OH	Zip Code 43202	Y 2	Amount \$750.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles W Lynd			Registration Number, if PAC	
Street Address 1401 Curve Rd	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Delaware	State OH	Zip Code 43015	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sheila Fox			Registration Number, if PAC	
Street Address 5384 Woodville Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Columbus	State OH	Zip Code 43230	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor J Pari Saberty			Registration Number, if PAC	
Street Address 3192 Morningshade Dr	Employer/Occupation/Labor Organization* Accenture/Man Consultant		M 0	D 9
City Columbus	State OH	Zip Code 43202	Y 2	Amount \$750.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eugene Lynd			Registration Number, if PAC	
Street Address 411 Village Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bob Krasen			Registration Number, if PAC	
Street Address 566 Blenhair Dr	Employer/Occupation/Labor Organization* Retired		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than 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)]

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

Total contributions this event

\$1,795.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,795.00**