

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	CONTRIBUTING ENTITY	PAC REGISTRATION NO.	ADDRESS	CITY	STATE	ZIP	FORM	DATE OF CONTRIBUTION	AMOUNT	OCCUPATION	EMPLOYER
Scott		Mangini				858 S. Pearl Street	Columbus	OH	43206	Check	4/20/2005	100.00	REQUESTED	REQUESTED
												100.00		

100.00