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

Event Date 3/15/06

| | <u> </u> | | <u> </u> | |
|---------------------------|---|-------------------------|-------------------------|-----------------------------|
| Name of Committee in Full | 1 . | , | | |
| Committee for Jaseph | ω | , /- | 2679 | |
| Full Name of Contributor | | | | Registration Number, if PAC |
| Ted Blain | | | | |
| Street Address | Employer | Occupati | on/Labor Organization* | M D Y Amount |
| 2295 Hiawatha PK. | | | | 030606 20.00 |
| City | Sta | te | Zip Code | Form (Cash, Check, etc.) |
| Colomba | 0 | H | 43211 | Check |
| Full Name of Contributor | | | | Registration Number, if PAC |
| William Dawson | | | | |
| Street Address | Employer | Occupation | on/Labor Organization* | M D Y Amount |
| 5322 Castle Pines | | | | 030606 25.00 |
| City | Sta | | Zip Code | Form (Cash, Check, etc.) |
| Colimbs | 0 | H | 43235 | Check |
| Full Name of Contributor | | | | Registration Number, if PAC |
| Mark Arnold | | | | |
| Street Address | Employer/ | Occupation (Occupation) | on/Labor Organization* | M D Y Amount |
| 13435 Milnor Rd. | | | | 031306 150.00 |
| City O | Sta | te | Zip Code | Form (Cash, Check, etc.) |
| Pickerinsten | 0 | H | 43/47 | Check |
| Full Name of Contributor | | | | Registration Number, if PAC |
| Una Hunter | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M D Y Amount |
| 4076 E. Main St. | ' ' | | - | 031306 150.00 |
| City | Sta | te | Zip Code | Form (Cash, Check, etc.) |
| Colombis | 0 | H | 43/23 | Check |
| Full Name of Contributor | | | | Registration Number, if PAC |
| Jon Johnston | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M D Y Amount |
| 7641 Chernsfield Pl. | | | | 031606 150.00 |
| City | Sta | te | Zip Code | Form (Cash, Check, etc.) |
| Columbis | 0 | H | 43235 | Check |
| Full Name of Contributor | ,, | | | Registration Number, if PAC |
| Ohio Merchants Commi | Hee | | | CP322 |
| Street Address | | | ion/Labor Organization* | M D Y Amount |
| 50 W. Broad St. | | | | 0316062,000,00 |
| City | 1 | te | Zip Code | Form (Cash, Check, etc.) |
| Columbs | 0 | 1-1 | 43215 | Cheat |
| Full Name of Contributor | | | | Registration Number, if PAC |
| Gen PAC | | | | 0H597 |
| Street Address | Employer | /Occupat | ion/Labor Organization* | M D Y Amount |
| 50 W. Broad St. | | | | 031606 500.00 |
| City | 1 | a te | Zip Code | Form (Cash, Check, etc.) |
| Colimbia | 0 | H | 43215 | Check |
| | | | | |

Fill in the boxes below only on the last page for this event.

| ransfer the Total Contributions | for this event to form No. 31-A. Olider Pull Name of Condition | nor state Contributions from for | mitto. 51 D and not in | | | |
|---------------------------------|--|----------------------------------|--------------------------------|------------------------|--|--|
| otal contributions this event | | Total expenditures this | Total expenditures this event. | | | |
| | ung différent | | | Page Total \$ 2,995.00 | | |
| | ≥ 2* - | | | | | |

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]