Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5/18/06
Page 6	

7776 Cheriton Cir City Stalte Reynoldsburg OH Full Name of Contributor David Peterson	zip Code 43068 Zip Code 43068 zion/Labor Organization* Zip Code 43026	Registration Number, if PAC
Street Address 7776 Cheriton Cir City Reynoldsburg Full Name of Contributor David Peterson Street Address 4551 Huckleberry Ct City Hilliard Full Name of Contributor	Zip Code 43068 ion/Labor Organization*	M D S 1 8 0 6 \$35.00 Form (Cash, Check, etc.) Check Registration Number, if PAC M D Y Amount O 5 1 8 0 6 \$50.00
7776 Cheriton Cir City Reynoldsburg Full Name of Contributor David Peterson Street Address 4551 Huckleberry Ct City Hilliard Full Name of Contributor OH	Zip Code 43068 ion/Labor Organization*	0 5 1 8 0 6 \$35.00 Form (Cash, Check, etc.) Check Registration Number, if PAC M D Y Amount 0 5 1 8 0 6 \$50.00
Reynoldsburg Full Name of Contributor David Peterson Street Address 4551 Huckleberry Ct City Hilliard Full Name of Contributor	43068 ion/Labor Organization* Zip Code	Form (Cash, Check, etc.) Check Registration Number, if PAC M D Y Amount 0 5 1 8 0 6 \$50.00
David Peterson Street Address 4551 Huckleberry Ct City Hilliard Full Name of Contributor	Zip Code	M D Y Amount 0 5 1 8 0 6 \$50.00
Street Address 4551 Huckleberry Ct City Hilliard Full Name of Contributor	Zip Code	0 5 1 8 0 6 \$50.00
4551 Huckleberry Ct City Hilliard Full Name of Contributor	Zip Code	0 5 1 8 0 6 \$50.00
Hilliard OH Full Name of Contributor	1 '	
Full Name of Contributor	43026	Form (Cash, Check, etc.)
		Check
/		Registration Number, if PAC
Street Address Employer/Occupat 4204 Lawnview Dr	ion/Labor Organization*	M D Y Amount 0 5 1 8 0 6 \$35.00
City State	Zip Code	Form (Cash, Check, etc.)
Columbus OH	43214	Check
Full Name of Contributor Mark Kafantaris		Registration Number, if PAC
G		
709 S. 3rd St	ion/Labor Organization*	M D Y Amount 0 5 1 8 0 6 \$35.00
City Stal to	Zip Code	Form (Cash, Check, etc.)
Columbus OH Full Name of Contributor W.S. Kane	43206	Check Registration Number, if PAC
G	· · · · · · · · · · · · · · · · · · ·	
6283 Parkmeadow Ln	on/Labor Organization*	0 5 1 8 0 6 \$35.00
City Hilliard State OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Cynthia Seckerson		Registration Number, if PAC
Street Address 4551 Huckleberry Ct Employer/Occupation	on/Labor Organization*	0 5 1 8 0 6 \$50.00
City Stal te OH	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert Levering		Registration Number, if PAC
Street Address Employer/Occupation 3333 Parksley Ct	on/Labor Organization*	M D Y Amount 0 5 1 8 0 6 \$35.00
City Stal te Columbus OH	Zip Code	Form (Cash, Check, etc.)

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$0.00	\$0.00

Page Total \$	\$275.00
Tage Total p	

ontributions 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)]