

Event Date	12/12/06
Page	2

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Dewey Stokes							
Full Name of Contributor Dr. James A. Cowles				Registration Number, if PAC			
Street Address 125 Crown Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	110.00
City Lancaster		State O	H	Zip Code 43130	Form(Cash,Check,etc) Check		
Full Name of Contributor Ronald H. Rosen				Registration Number, if PAC			
Street Address 2049 Pamona Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	78.00
City Columbus		State O	H	Zip Code 43228	Form(Cash,Check,etc) Check		
Full Name of Contributor Karen Whitman				Registration Number, if PAC			
Street Address 2467 Eakin Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	80.00
City Columbus		State O	H	Zip Code 43204	Form(Cash,Check,etc) Check		
Full Name of Contributor Paul G. Bice				Registration Number, if PAC			
Street Address 599 Rosehill Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	334.00
City Reynoldsburg		State O	H	Zip Code 43068	Form(Cash,Check,etc) Check		
Full Name of Contributor Nick Soulas				Registration Number, if PAC			
Street Address 3923 E. Broad St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	125.00
City Columbus		State O	H	Zip Code 43213	Form(Cash,Check,etc) Check		
Full Name of Contributor Karen Vollmuth				Registration Number, if PAC			
Street Address 4963 Springdale Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	126.00
City Hilliard		State O	H	Zip Code 43026	Form(Cash,Check,etc) Check		
Full Name of Contributor Diane L. Capretta				Registration Number, if PAC			
Street Address 13985 Commerical Point Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	88.00
City Ashville		State O	H	Zip Code 43103	Form(Cash,Check,etc) Check		