Event Date 9/15/05 Page 16

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

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | |
|---------------------------|---|--|
| Committee for Joseph W | 1. Treste | |
| Full Name of Contributor | | Registration Number, if PAC |
| Chandra Van De Warter | _ | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 6800 Raybear Dr. | | 091605 10-00 |
| City | Sta te Zip Code | Form (Cash, Check, etc.) |
| Canal Winchester | 0 H 43110 | Check |
| Full Name of Contributor | | Registration Number, if PAC |
| Andrew Kossoff | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 101 Angran Pl. | | 091605 150-00 |
| City | Sta te Zip Code | Form (Cash, Check, etc.) |
| Colimbis | 0 H 43214 | Check |
| Full Name of Contributor | | Registration Number, if PAC |
| David Keynolds | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 657 Nortolk Sq. | | 0716051,000.00 |
| City / | State Zip Code | Form (Cash, Check, etc.) |
| Tickerington | 0 H 43147 | Check |
| Full Name of Contributor | | Registration Number, if PAC |
| Street Address | | M D V Amount |
| | Employer/Occupation/Labor Organization* | M D Y Amount 0 9 1 6 0 5 150-00 |
| City 2 | Sta te Zip Code | 0 9 1 6 0 5 1 5 0 - 00 Form (Cash, Check, etc.) |
| | 0 H 43065 | Check |
| Full Name of Contributor | 0 A 43663 | Registration Number, if PAC |
| Michael Reynolds | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 1267 Papay Hills Dr. | | 091605 150-00 |
| City | Sta te Zip Code | Form (Cash, Check, etc.) |
| Blacklick | 0 H 43004 | Check |
| Full Name of Contributor | | Registration Number, if PAC |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 7485 Totteshan Pli | | 091605 75-00 |
| City | Sta te Zip Code | Form (Cash, Check, etc.) |
| New Albany | 0 H 43054 | Check |
| Full Name of Contributor | | Registration Number, if PAC |
| William Laser | | |
| Street Address | Employer/Occupation/Labor Organization* | M D Y Amount |
| 155 W. Main St. | • | 0923052,500-00 |
| City | Sta te Zip Code | Form (Cash, Check, etc.) |
| Colombis | 0 H 43215 | Check |
| | | |

| Total contributions this event | | Total expenditures this event. | r |
|--------------------------------|------------|--------------------------------|--------------------------|
| | ungulface! | | Page Total \$ 4, 035. 00 |

^{*} 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)]