

Ohio Campaign Finance Report

All pages of a report must be numbered in consecutive order with this Cover Sheet as page one. Do not number pages of receipts/checks.

Full Name of Committee FRIENDS OF NICKIE J. ANTONIO						Registration Number, IF STATE PAC	
Full Name and Street Address of Treasurer, including city and zip code 1305 JEAN KOSMAC, 1305 BELLE AVE. LAKEWOOD 44107							
IF CANDIDATE'S COMMITTEE: Full Name and Street Address of Candidate, including city and zip code NICKIE J. ANTONIO, 1305 BELLE AVE LAKEWOOD 44107							
IF CANDIDATE'S COMMITTEE: Office Sought and Municipality, Subdivision or District IF ISSUE'S COMMITTEE: Municipality, Subdivision or District and Issue Number assigned, if known. COUNCIL AT LARGE, CITY OF LAKEWOOD							
Type of Report (place X to left of report type)	Pre-Primary	<input checked="" type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	Post-General	Annual Year
	Special		July Monthly		August Monthly	September Monthly	Termination
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						Date of Election: 10-4-05 11-8-05	

For candidates only: During an election year; if total contributions and expenditures each total \$500 or less during the combined pre and post periods at one election, and the committee can terminate with a zero balance and no outstanding loans, only this cover page with the appropriate figures shown needs to be filed. No other forms are required at a post primary or post general period, if the above statement applies. See ORC 3517.10 (H) for details.

1. Amount brought forward from last report	\$	6426	84	✓
2. Total monetary contributions (From Form No. 31-A)	\$	9403	45	✓
3. Total other income (From Form No. 31-A-2)	\$			✓
4. Total funds available (sum of lines 1, 2, 3)	\$	15830	29	✓
5. Total monetary expenditures (From Form No. 31-B)	\$	7947	60	✓
6. Balance on hand (line 4 minus line 5)	\$	7882	69	✓
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	1125	76	✓
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$			
9. Outstanding loans owed by committee (From Form No. 31-C)	\$			
10. Outstanding debts owed by committee (From Form No. 31-N)	\$			
11. Outstanding loans owed to committee (From Form No. 31-K)	\$			
12. Value of Independent expenditures made (From Form No. 31-U)	\$			
13. FOR ELECTRONIC FILING ENTITIES ONLY Sum of lines 2, 7, and amount of any new loans received this period.	\$			

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

JEAN KOSMAC
Print Name and Title (Treasurer or Deputy Treasurer only)

Jean Kosmac 10-22-05
Signature Date

CONTRIBUTION PAGES 15 EXPENDITURE PAGES 4 OTHER PAGES 2 TOTAL PAGES 22
OCT 25 '05 PM 09:50

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor DAVID BONNETT					Registration Number, if STATE PAC		
Street Address 2049 CENTURY PARK EAST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LOS ANGELES	State CA	Zip Code 90067	M: 09	D: 15	Y: 05	Amount 500.00	
Full Name of Contributor MICHAEL E. McARTHUR					Registration Number, if STATE PAC		
Street Address 3606 OCEAN VIEW AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CR. CARD		
City LOS ANGELES	State CA	Zip Code 90066	M: 09	D: 08	Y: 05	Amount 48.45	
Full Name of Contributor TRACY SCHULZ					Registration Number, if STATE PAC		
Street Address 811 BLUE WILLOW DR.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CR. CARD		
City HOUSTON	State TX	Zip Code 77042	M: 09	D: 15	Y: 05	Amount 5.00	
Full Name of Contributor DAVID MALTZ					Registration Number, if STATE PAC		
Street Address 26300 VILLAGE LANE #416		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City BEACHWOOD	State OH	Zip Code 44122	M: 09	D: 19	Y: 05	Amount 2000.00	
Full Name of Contributor JAMES W. O'LEARY					Registration Number, if STATE PAC		
Street Address 1608 CLARENCE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LAKEWOOD	State OH	Zip Code 44107	M: 09	D: 30	Y: 05	Amount 50.00	
Full Name of Contributor DAVID A. REICHERT					Registration Number, if STATE PAC		
Street Address 1538 ELBUR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LAKEWOOD	State OH	Zip Code 44107	M: 09	D: 30	Y: 05	Amount 50.00	
Full Name of Contributor PATRICIA E. VECCHIO					Registration Number, if STATE PAC		
Street Address 12900 LAKE AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LAKEWOOD	State OH	Zip Code 44107	M: 10	D: 03	Y: 05	Amount 50.00	
Full Name of Contributor HENRY H. HAWLEY					Registration Number, if STATE PAC		
Street Address ONE VALLEY RIDGE FARMS		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City CHAGRIN FALLS	State OH	Zip Code 44022	M: 10	D: 01	Y: 05	Amount 50.00	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear. R.C. 3517(10)(B)(4)

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICOLE J. ANTONIO							
Full Name of Contributor MARY L. SHERRY						Registration Number, if STATE PAC	
Street Address 12700 LAKE AVE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City LAKEWOOD		State OH		Zip Code 44107		M: 10 D: 04 Y: 05	Amount 75.00
Full Name of Contributor CONTRIBUTIONS FROM 31-E						Registration Number, if STATE PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M: 09 D: 07 Y: 05	Amount 120.00
Full Name of Contributor CONTRIBUTIONS FROM 31-E						Registration Number, if STATE PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M: 09 D: 09 Y: 05	Amount 1650.00
Full Name of Contributor CONTRIBUTIONS FROM 31-E						Registration Number, if STATE PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M: 09 D: 19 Y: 05	Amount 45.00
Full Name of Contributor CONTRIBUTIONS FROM 31-E						Registration Number, if STATE PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M: 09 D: 21 Y: 05	Amount 1795.00
Full Name of Contributor CONTRIBUTIONS FROM 31-E						Registration Number, if STATE PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M: 09 D: 22 Y: 05	Amount 415.00
Full Name of Contributor NOZOMI IKUTA						Registration Number, if STATE PAC	
Street Address 1232 JACKSON AVE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) CHECK	
City LAKEWOOD		State OH		Zip Code 44107		M: 10 D: 11 Y: 05	Amount 25.00
Full Name of Contributor JAMES FRIEDMAN - BENESCH, FRIEDLANDER						Registration Number, if STATE PAC	
Street Address 700 PUBLIC SQUARE				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City CLEVELAND		State OH		Zip Code 44114		M: D: Y:	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear. R.C. 3517(10)(B)(4)

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor FRIENDS OF PETER LAWSON JONES					Registration Number, if STATE PAC		
Street Address 21750 SHAKER BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City SHAKER HTS		State OH	Zip Code 44122	M: 10	D: 08	Y: 05	Amount 50.00
Full Name of Contributor PATRICIA McNEIL					Registration Number, if STATE PAC		
Street Address 12540 EDGEWATER DR		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LAKEWOOD		State OH	Zip Code 44107	M: 10	D: 09	Y: 05	Amount 100.00
Full Name of Contributor STEPHEN F. BENNETT					Registration Number, if STATE PAC		
Street Address 12598 CLIFTON BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LAKEWOOD		State OH	Zip Code 44107	M: 10	D: 11	Y: 05	Amount 100.00
Full Name of Contributor GAY & LESBIAN VICTORY FUND					Registration Number, if STATE PAC		
Street Address 1705 DE SALES ST. NW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City WASHINGTON		State DC	Zip Code 20036	M: 10	D: 14	Y: 05	Amount 2000.00
Full Name of Contributor MARK PINKERTON					Registration Number, if STATE PAC		
Street Address 4478 VIA MARINA #906		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City MARINA DEL REY		State CA	Zip Code 90292	M: 10	D: 14	Y: 05	Amount 50.00
Full Name of Contributor RALPH ALPERT					Registration Number, if STATE PAC		
Street Address 209 ANAON ST		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City SANTA CRUZ		State CA	Zip Code 95060	M: 10	D: 14	Y: 05	Amount 100.00
Full Name of Contributor MARK WYN					Registration Number, if STATE PAC		
Street Address 3317 INDIANIA AVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City ST. LOUIS		State MO	Zip Code 63118	M: 10	D: 14	Y: 05	Amount 25.00
Full Name of Contributor J. CHRISTOPHER KENNEDY					Registration Number, if STATE PAC		
Street Address 7626 WILLOW GLEN RD.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) CHECK		
City LOS ANGELES		State CA	Zip Code 90046	M: 10	D: 14	Y: 05	Amount 100.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear. R.C. 3517(10)(B)(4)

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor DAVID C. ESTROP				Registration Number, if STATE PAC			
Street Address 12500 EDGEWATER DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKWOOD		OH		09	15	05	50.00
City		State		Zip Code		Form (Cash, Check, etc.)	
LAKWOOD		OH		44107		CHECK	
Full Name of Contributor EDITH P. SCHWEDE				Registration Number, if STATE PAC			
Street Address 12520 EDGEWATER DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKWOOD		OH		09	15	05	50.00
City		State		Zip Code		Form (Cash, Check, etc.)	
LAKWOOD		OH		44107		CHECK	
Full Name of Contributor DEB SWEENEY				Registration Number, if STATE PAC			
Street Address 1587 WOODWARD AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKWOOD		OH		09	15	05	20.00
City		State		Zip Code		Form (Cash, Check, etc.)	
LAKWOOD		OH		44107		CASH	
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State		Zip Code		Form (Cash, Check, etc.)	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ 120.00

Page Total \$ 120.00 ✓

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor S. L. ATHANAS				Registration Number, if STATE PAC			
Street Address 1253 HATHAWAY AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		OH 44107		0	9	1505	25.00
City		State	Zip Code	Form (Cash, Check, etc.)			
LAKEWOOD		OH	44107	CHECK			
Full Name of Contributor RICHARD B. WERNER				Registration Number, if STATE PAC			
Street Address 3901 WHITMAN AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CLEVELAND		OH 44113		0	9	1505	75.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CLEVELAND		OH	44113	CHECK			
Full Name of Contributor KEVIN O'DONNELL				Registration Number, if STATE PAC			
Street Address 12700 LAKE AVE #2905		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		OH 44107		0	9	1505	100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
LAKEWOOD		OH	44107	CHECK			
Full Name of Contributor DAVID B BOB SEELIE				Registration Number, if STATE PAC			
Street Address 2225 LINCOLN AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
LAKEWOOD		OH 44107		0	9	1505	30.00
City		State	Zip Code	Form (Cash, Check, etc.)			
LAKEWOOD		OH	44107	CHECK			
Full Name of Contributor PATRICK J. HOLLAND				Registration Number, if STATE PAC			
Street Address 11320 HESSLER RD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
CLEVELAND		OH 44106		0	9	1505	50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
CLEVELAND		OH	44106	CHECK			
Full Name of Contributor GERALD AUSTIN				Registration Number, if STATE PAC			
Street Address 876 CHELSEA LN		Employer/Occupation/Labor Organization*		M	D	Y	Amount
WESTERVILLE		OH 43081		0	9	1505	100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
WESTERVILLE		OH	43081	CHECK			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ <u>380.00</u>

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

Prescribed by Secretary of State 2/01

Name of Committee in Full		Full Name of Contributor		Registration Number, if STATE PAC	
FRIENDS OF NICKIE J. ANTONIO		RALPH S. "BUD" WATSON II			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2300 OLD HICKORY LANE		0	9	1505	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
LEXINGTON	KY	40515	CHECK		
LINDA CAROL HASLETT					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2618 ASHTON RD		0	9	1505	50.00
City	State	Zip Code	Form (Cash, Check, etc.)		
CLEVE HTS	OH	44118	CHECK		
PAMELA J. SMITH					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1528 ELMWOOD AVE		0	9	1505	25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
LAKWOOD	OH	44107	CHECK		
STEVEN GREENWELL					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1277 ST. CHARLES AVE		0	9	1505	25.00
City	State	Zip Code	Form (Cash, Check, etc.)		
LAKWOOD	OH	44107	CHECK		
GERALDINE NELSON					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1288 NICHOLSON AVE		0	9	1505	20.00
City	State	Zip Code	Form (Cash, Check, etc.)		
LAKWOOD	OH	44107	CHECK		
NANCY C. GROWIN					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
13700 CORMERIE AVE		0	9	1605	100.00
City	State	Zip Code	Form (Cash, Check, etc.)		
CLEVELAND	OH	44120	CHECK		

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ 320.00 ✓

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO					
Full Name of Contributor FRIENDS OF TIM HAGAN			Registration Number, if STATE PAC		
Street Address 2200 GLENBURY AVE		Employer/Occupation/Labor Organization*		M D Y Amount	
City LAKWOOD		State OH	Zip Code 44107	0 9 19 05	50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor BRIAN E. POWERS			Registration Number, if STATE PAC		
Street Address 1085 WILBERT RD		Employer/Occupation/Labor Organization*		M D Y Amount	
City LAKWOOD		State OH	Zip Code 44107	0 9 19 05	50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor PHYLLIS OSOL DYKES			Registration Number, if STATE PAC		
Street Address 16711 LAKE AVE		Employer/Occupation/Labor Organization*		M D Y Amount	
City LAKWOOD		State OH	Zip Code 44107	0 9 21 05	250.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor CHRISTOPHER R. FEIGAN			Registration Number, if STATE PAC		
Street Address 12000 EDGEWATER DR		Employer/Occupation/Labor Organization*		M D Y Amount	
City LAKWOOD		State OH	Zip Code 44107	0 9 29 05	50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor MARY R. WATSON			Registration Number, if STATE PAC		
Street Address 231 BALTIC ST. APT 2		Employer/Occupation/Labor Organization*		M D Y Amount	
City BROOKLYN		State NY	Zip Code 11201	1 0 03 05	50.00
Form (Cash, Check, etc.) CHECK					
Full Name of Contributor STEPHEN D. SLANE			Registration Number, if STATE PAC		
Street Address 18250 SLOANE AVE UP		Employer/Occupation/Labor Organization*		M D Y Amount	
City LAKWOOD		State OH	Zip Code 44107	0 9 27 05	100.00
Form (Cash, Check, etc.) CHECK					

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ **550.00**

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

Prescribed by Secretary of State 2/01

Name of Committee in Full		Registration Number, if STATE PAC	
FRIENDS OF NICKIE J. ANTONIO			
Full Name of Contributor NADINE HOPWOOD FEIGHAN		Registration Number, if STATE PAC	
Street Address 15410 EDGEWATER DR	Employer/Occupation/Labor Organization*	M 0 9 2 8 0 5	Amount 100.00
City LAKEWOOD	State OH Zip Code 44107	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JAMES FRIEDMAN / BENESCH, FRIEDLANDER, ETC.		Registration Number, if STATE PAC	
Street Address 200 PUBLIC SQUARE		Registration Number, if STATE PAC	
City CLEVELAND	State OH Zip Code 44114	M 0 9 2 8 0 5	Amount 100.00
		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOANN BOSCIA WHITE		Registration Number, if STATE PAC	
Street Address 11794 BLUE RIDGE RD		Registration Number, if STATE PAC	
City NEWCOMERSTOWN	State OH Zip Code 43832	M 1 0 0 5 0 5	Amount 100.00
		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor GERALD AUSTIN		Registration Number, if STATE PAC	
Street Address 876 CHELSEA LN		Registration Number, if STATE PAC	
City WESTERVILLE	State OH Zip Code 43081	M 0 9 2 8 0 5	Amount 100.00
		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if STATE PAC	
Street Address		Registration Number, if STATE PAC	
City	State Zip Code	M	Amount
		Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if STATE PAC	
Street Address		Registration Number, if STATE PAC	
City	State Zip Code	M	Amount
		Form (Cash, Check, etc.)	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ 1650.00

Page Total \$ 400.00

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

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if STATE PAC			
FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor LORI WADDELL				Registration Number, if STATE PAC			
Street Address 1454 CLARENCE AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	19	20.00
				Form (Cash, Check, etc.) CASH			
Full Name of Contributor BONNIE SIKES				Registration Number, if STATE PAC			
Street Address 1673 ARTHUR AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	19	25.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
				Form (Cash, Check, etc.)			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ 45.00

Page Total \$ 45.00

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor CONTRIBUTIONS RECEIVED \$25 OR LESS				Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							110.00
City		State	Zip Code	Form (Cash, Check, etc.)			
				CHECKS			
Full Name of Contributor JOHN R. CORLETT				Registration Number, if STATE PAC			
Street Address 2011 W. 58		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				09	21	05	50.00
City CLEVELAND		State OH	Zip Code 44102	Form (Cash, Check, etc.)			
				CHECK			
Full Name of Contributor FRIENDS OF DALE MILLER				Registration Number, if STATE PAC			
Street Address 4300 W. 143		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				09	21	05	50.00
City CLEVELAND		State OH	Zip Code 44135	Form (Cash, Check, etc.)			
				CHECK			
Full Name of Contributor JUSTINE E. HELM				Registration Number, if STATE PAC			
Street Address 12550 LAKE AVE #106		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				09	21	05	50.00
City LAKEWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc.)			
				CHECK			
Full Name of Contributor FREDERICK A. SHAPIRO				Registration Number, if STATE PAC			
Street Address 1238 MARLOWE AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				09	21	05	50.00
City LAKEWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc.)			
				CHECK			
Full Name of Contributor DAVID A. HOWARD				Registration Number, if STATE PAC			
Street Address 1467 HOPKINS AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				09	21	05	50.00
City LAKEWOOD		State OH	Zip Code 44107	Form (Cash, Check, etc.)			
				CHECK			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ 360.00

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

Prescribed by Secretary of State 2/01

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor PATRICK SHEPHERD		Registration Number, if STATE PAC					
Street Address 12805 SHAKER BLVD # 703	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
		0	9	21	05	50.00	
City CLEVELAND	State OH	Zip Code 44120	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor BETSY B. SHAUGHNESSY		Registration Number, if STATE PAC					
Street Address 1268 ANDREWS AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		M	D	Y	Amount		
		0	9	21	05	50.00	
City LAKEWOOD	State OH	Zip Code 44107	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor EOELE PASSALACQUA		Registration Number, if STATE PAC					
Street Address 2830 FRANKLIN BLVD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		M	D	Y	Amount		
		0	9	21	05	50.00	
City CLEVELAND	State OH	Zip Code 44113	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor DR. GEORGE W. OTTO		Registration Number, if STATE PAC					
Street Address 12900 LAKE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		M	D	Y	Amount		
		0	9	21	05	50.00	
City LAKEWOOD	State OH	Zip Code 44107	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor JUDITH M. BENSON		Registration Number, if STATE PAC					
Street Address 12520 EDGEWATER DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		M	D	Y	Amount		
		0	9	21	05	50.00	
City LAKEWOOD	State OH	Zip Code 44107	Form (Cash, Check, etc.) CHECK				
Full Name of Contributor STEVEN V. BIANCHI		Registration Number, if STATE PAC					
Street Address 18491 EDGEWOOD DR.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		M	D	Y	Amount		
		0	9	21	05	75.00	
City ROCKY RIVER	State OH	Zip Code 44116	Form (Cash, Check, etc.) CHECK				

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ 325.00
✓

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO					
Full Name of Contributor BRITTANY K. O'CONNOR			Registration Number, if STATE PAC		
Street Address 2173 MARS AVE		Employer/Occupation/Labor Organization*		M D Y 09 22 05	Amount 100.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JOHN FARINA			Registration Number, if STATE PAC		
Street Address 12020 LAKE AVE		Employer/Occupation/Labor Organization*		M D Y 09 21 05	Amount 100.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAVID A. REICHERT			Registration Number, if STATE PAC		
Street Address 1538 ELBUR		Employer/Occupation/Labor Organization*		M D Y 09 21 05	Amount 100.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor FRIENDS OF MICHAEL J. SKINDELL			Registration Number, if STATE PAC		
Street Address 16800 DELAWARE AVE		Employer/Occupation/Labor Organization*		M D Y 09 21 05	Amount 500.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BILL GRULICH			Registration Number, if STATE PAC		
Street Address 1596 ONONDAGA		Employer/Occupation/Labor Organization*		M D Y 09 21 05	Amount 60.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CASH	
Full Name of Contributor GAIL TANNER			Registration Number, if STATE PAC		
Street Address 18153 CLIFTON RD		Employer/Occupation/Labor Organization*		M D Y 09 27 05	Amount 25.00
City LAKWOOD	State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ _____

Page Total \$ 885.00 ✓

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

Name of Committee in Full		Registration Number, if STATE PAC	
FRIENDS OF NICKIE J. ANTONIO			
Full Name of Contributor E. LINDENMAIER		Registration Number, if STATE PAC	
Street Address 10403 EDGEWATER DR	Employer/Occupation/Labor Organization*	M 0 9 2 7 0 5	Amount 50.00
City CLEVELAND	State OH Zip Code 44102	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor PATRICIA KRIVOSH		Registration Number, if STATE PAC	
Street Address 17479 CLIFTON BLVD	Employer/Occupation/Labor Organization*	M 0 9 2 7 0 5	Amount 50.00
City LAKEWOOD	State OH Zip Code 44107	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor NORA L. HURLEY		Registration Number, if STATE PAC	
Street Address 1267 ANDREWS AVE	Employer/Occupation/Labor Organization*	M 1 0 1 2 0 5	Amount 25.00
City LAKEWOOD	State OH Zip Code 44107	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ROBERT F. RIVERA		Registration Number, if STATE PAC	
Street Address 3156 OAK RD	Employer/Occupation/Labor Organization*	M 1 0 1 2 0 5	Amount 100.00
City CLEVELAND HTS	State OH Zip Code 44118	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor		Registration Number, if STATE PAC	
Street Address	Employer/Occupation/Labor Organization*	M	Amount
City	State Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if STATE PAC	
Street Address	Employer/Occupation/Labor Organization*	M	Amount
City	State Zip Code	Form (Cash, Check, etc.)	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ 1795.00

Page Total \$ 225.00 ✓

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
Full Name of Contributor MARY ELLEN BRZYTWA				Registration Number, if STATE PAC			
Street Address 1025 NICHOLSON AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	22	50.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JANICE N. GREENFIELD				Registration Number, if STATE PAC			
Street Address 1198 HALL AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	22	15.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor WILLIAM A. PETERSON				Registration Number, if STATE PAC			
Street Address 12900 LAKE AVE #619		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	22	50.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor JAMES L. LARocca				Registration Number, if STATE PAC			
Street Address 6704 OAKWOOD DR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City INDEPENDENCE		State OH	Zip Code 44131	0	9	22	50.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor ROSEMARIE FEIGHAN DE JOHN				Registration Number, if STATE PAC			
Street Address 1054 NICHOLSON AVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City LAKEWOOD		State OH	Zip Code 44107	0	9	22	100.00
				Form (Cash, Check, etc.) CHECK			
Full Name of Contributor GRETCHEN H. ROGGE				Registration Number, if STATE PAC			
Street Address 1444 W. 10 APT 607		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City CLEVELAND		State OH	Zip Code 44113	0	9	22	100.00
				Form (Cash, Check, etc.) CHECK			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event

\$ _____

Page Total \$ 365.00

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

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO								
Full Name of Contributor JEFFREY C. MORITZ					Registration Number, if STATE PAC			
Street Address 1040 WILBERT RD		Employer/Occupation/Labor Organization*			M	D	Y	Amount 50.00
City LAKEWOOD		State OH	Zip Code 44107		Form (Cash, Check, etc.) CHECK			
Full Name of Contributor					Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			
Full Name of Contributor					Registration Number, if STATE PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City		State	Zip Code		Form (Cash, Check, etc.)			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 appear.
[R.C. 3517.10(B)(4)]

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

Total contribution this event
\$ 415.00

Page Total \$ 50.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
FRIENDS OF NICKIE J. ANTONIO							
To Whom Paid				M	D	Y	Amount
ORANGE BLOSSOM PRESS				0	9	20	05 1652.49
Address		Purpose					
1935 W. 25		YARD SIGNS					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44113	517				
To Whom Paid				M	D	Y	Amount
FIRST FEDERAL LAKEWOOD				0	9	08	05 16.30
Address		Purpose					
14806 DETROIT AVE		MERCHANT BANK FEES					
City	State	Zip Code	Check Number				
LAKEWOOD	OH	44107	BANK STMT.				
To Whom Paid				M	D	Y	Amount
ALICE PAUL				0	9	23	05 1288.13
Address		Purpose					
1325 W. 73		DIRECT MAIL SERVICE CAMPAIGN LITERATURE					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44102	518				
To Whom Paid				M	D	Y	Amount
U.S. POSTAL SERVICE				0	9	28	05 74.00
Address		Purpose					
1380 W. 117		STAMPS - POSTAGE					
City	State	Zip Code	Check Number				
LAKEWOOD	OH	44107	519				
To Whom Paid				M	D	Y	Amount
ALICE PAUL				0	9	27	05 1411.20
Address		Purpose					
1325 W. 73		DIRECT MAIL CAMPAIGN LITERATURE					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44102	520				
To Whom Paid				M	D	Y	Amount
ALICE PAUL				0	9	29	05 361.58
Address		Purpose					
1325 W. 73		DIRECT MAIL CAMPAIGN LITERATURE					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44102	521				
To Whom Paid				M	D	Y	Amount
ALICE PAUL				1	0	05	05 139.25
Address		Purpose					
1325 W. 73		DIRECT MAIL CAMPAIGN LITERATURE					
City	State	Zip Code	Check Number				
CLEVELAND	OH	44102	139.522				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO							
To Whom Paid ORANGE BLOSSOM PRESS				M	D	Y	Amount
				1	0	09	904.73
Address 1935 W. 25		Purpose PRINTING - POSTCARDS					
City CLEVELAND	State OH	Zip Code 44113	Check Number 523				
To Whom Paid P.S. GRAPHICS, INC.				M	D	Y	Amount
				1	0	09	779.38
Address 11820 DETROIT AVE		Purpose PRINTING - POSTCARDS					
City LAKWOOD	State OH	Zip Code 44107	Check Number 524				
To Whom Paid BOARD OF ELECTIONS CUYAHOGA COUNTY				M	D	Y	Amount
				1	0	12	14.41
Address 2925 EUCLID AVE		Purpose ABSENTEE LABELS + LISTS					
City CLEVELAND	State OH	Zip Code 44115	Check Number 525				
To Whom Paid U.S. POSTAL SERVICE				M	D	Y	Amount
				1	0	14	370.00
Address 1475 WARREN RD		Purpose STAMPS					
City LAKWOOD	State OH	Zip Code 44107	Check Number 526				
To Whom Paid P.S. GRAPHICS, INC				M	D	Y	Amount
				1	0	17	107.50
Address 11820 DETROIT AVE		Purpose PRINTING - POSTCARDS					
City LAKWOOD	State OH	Zip Code 44107	Check Number 527				
To Whom Paid EXPENDITURES FROM 31-F				M	D	Y	Amount
				0	9	21	188.18
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid U.S. POSTAL SERVICES				M	D	Y	Amount
				1	0	18	185.00
Address 1475 WARREN RD		Purpose STAMPS					
City LAKWOOD	State OH	Zip Code 44107	Check Number 529				

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO										
To Whom Paid ORANGE BLOSSOM PRESS							M	D	Y	Amount
Address 1935 W. 25							10	19	05	175.45
City CLEVELAND			State OH	Zip Code 44113	Check Number 530					
To Whom Paid ALICE PAUL							M	D	Y	Amount
Address 1325 W. 73							10	19	05	280.00
City CLEVELAND			State OH	Zip Code 44102	Check Number 531					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					
To Whom Paid							M	D	Y	Amount
Address										
City			State	Zip Code	Check Number					

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full FRIENDS OF NICKIE J. ANTONIO										
To Whom Paid MARIGOLD CAFE & CATERING							M	D	Y	Amount 188.18
Address 2800 EUCLID AVE			Purpose FOOD FOR FUNDRAISER							
City CLEVELAND		State OH	Zip Code 44115		Check Number 528					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City		State	Zip Code		Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full								
FRIENDS OF NICKIE J. ANTONIO								
Full Name of Contributor DAVID HOWARD		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 1467 HOPKINS AVE		Description of Item or Service PRINTING - INVITATIONS			M: 0	D: 9	Y: 21	Fair Market Value 56.96
City LAKEWOOD		State OH	Zip Code 44107		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor DAVID HOWARD		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 1467 HOPKINS AVE		Description of Item or Service POSTAGE - INVITATIONS			M: 0	D: 9	Y: 21	Fair Market Value 46.00
City LAKEWOOD		State OH	Zip Code 44107		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor JOHN FARINA		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 12020 LAKE AVE		Description of Item or Service RENT OF SITE			M: 0	D: 9	Y: 21	Fair Market Value 150.00
City LAKEWOOD		State OH	Zip Code 44107		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor GAY & LESBIAN VICTORY FUND		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 1705 DE SALES ST. NW		Description of Item or Service PROFILE			M: 0	D: 9	Y: 26	Fair Market Value 600.00
City WASHINGTON		State DC	Zip Code 20036		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor NANCY ROTH		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 12700 LAKE AVE		Description of Item or Service Poll BOOK			M: 0	D: 9	Y: 17	Fair Market Value 10.80
City LAKEWOOD		State OH	Zip Code 44107		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor GAY & LESBIAN VICTORY FUND		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 1705 DE SALES ST, NW		Description of Item or Service E-PROFILE			M: 1	D: 0	Y: 11	Fair Market Value 100.00
City WASHINGTON		State DC	Zip Code 20036		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor JOAN ROSENTHAL		Employer/Occupation/Labor Organization*			Registration Number, if STATE PAC			
Address 2800 EUCLID AVE		Description of Item or Service FOOD			M: 0	D: 9	Y: 21	Fair Market Value 150.00
City CLEVELAND		State OH	Zip Code 44115		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 in value, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full				
FRIENDS OF NICKIE J. ANTONIO				
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
LOUISE TOLHURST				
Address	Description of Item or Service	M	D	Y Fair Market Value
17455 NORTHWOOD	LABELS	1	0	19 05 12.00
City	State Zip Code	Received at Fundraising Event?		
LAKWOOD	OH 44107	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Name of Contributor	Employer/Occupation/Labor Organization*	Registration Number, if STATE PAC		
Address	Description of Item or Service	M	D	Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

*Required for contributions from individuals over \$100 to statewide and general assembly candidates only. 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 in value, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)