

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Eddie Pauline</b>									
Full Name of Contributor <b>Gregory Lashutka</b>						Registration Number, if PAC			
Street Address <b>729 Mohawk Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>		M <b>0</b>	D <b>6</b>	Y <b>0</b>	Amount <b>\$250.00</b>	
Full Name of Contributor <b>Salvatore Presutti</b>						Registration Number, if PAC			
Street Address <b>PO BOX 2166</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43216</b>		M <b>0</b>	D <b>7</b>	Y <b>0</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Contributions Rasied on Form 31-E 10/12</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>\$1,150.00</b>	
Full Name of Contributor <b>Contributions Rasied on Form 31-E 10/4</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$230.00</b>	
Full Name of Contributor <b>Contributions Rasied on Form 31-E 10/25</b>						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Amount <b>\$2,075.00</b>	
Full Name of Contributor <b>Mia Turpel</b>						Registration Number, if PAC			
Street Address <b>Best Effort</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit/Web</b>		
City		State <b>OH</b>	Zip Code		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Michael Weinman</b>						Registration Number, if PAC			
Street Address <b>Best Effort</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit/Web</b>		
City		State <b>OH</b>	Zip Code		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$150.00</b>	
Full Name of Contributor <b>John Cross</b>						Registration Number, if PAC			
Street Address <b>1764 Shady Brook Ln.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Credit/Web</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43228</b>		M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$100.00</b>	

\* Required for contributions 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)]