

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline									
Full Name of Contributor George Arnold						Registration Number, if PAC			
Street Address 3020 Dale Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43209	M 0	D 4	Y 1	Amount 75.00		
Full Name of Contributor Michael Valo						Registration Number, if PAC			
Street Address 931 Longview Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43235	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Andrew Bowers						Registration Number, if PAC			
Street Address 953 Neil Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43201	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Pieter Wykoff						Registration Number, if PAC			
Street Address 230 East Oakland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43201	M 0	D 4	Y 1	Amount 50.00		
Full Name of Contributor Citizens for Jim Petro						Registration Number, if PAC			
Street Address 1933 Lakeshore Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43204	M 0	D 4	Y 1	Amount 75.00		
Full Name of Contributor Joshua Ryan						Registration Number, if PAC			
Street Address One Miranova Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 1	Amount 500.00		
Full Name of Contributor Palmer McNeal						Registration Number, if PAC			
Street Address 5169 Springfield Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43081	M 0	D 4	Y 1	Amount 500.00		
Full Name of Contributor Robert Klaffky						Registration Number, if PAC			
Street Address 41 S. High Street Suite 3710			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O	H H	Zip Code 43215	M 0	D 4	Y 1	Amount 250.00		

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **1,550.00**