Page	8
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Yaran	-						
Name of Committee in Full								
The Committee to Elect Eddie Pauline				Panin	tion No.	ber, if PA	Ċ	
Full Name of Contributor				registr	THOU INDIA	⊶, и rA		
George Arnold	E	lnor-	hond shoe Occasion to the	<u> </u>			Form (Cash, Chec	k etc.)
Street Address	Employer/O	ccupa	tion/Labor Organization*				I	.m., GIU.)
3020 Dale Ave.			7: 6-1	T 17		T ::	Check	
City	State		Zip Code	M	D	Y O E	Amount	<i>7</i> 5.00
Columbus	0	Н	43209	0 4		0 5 aber, if PA		75.00
Full Name of Contributor				vekizit	muon INUII	.oo, n PA	~	
Michael Valo	Went	loss -	hom/I about beauty-tion*	<u></u>			Form (Cash, Chec	rk. etc.)
Street Address	Lampioyer/C	azipa:	tion/Labor Organization*					
931 Longview Ct.			7ia Coda				Check Amount	
City	State		Zip Code	M	D	Y		50.00
Columbus	0	Н	43235	0 4				50.00
Full Name of Contributor Registration Number, if PA								
Andrew Bowers	Emel- 10		tion/I shor Organization*				Form (Cash, Chec	sk. etc.)
Street Address	Employer/Occupation/Labor Organization*						Check	, ****.}
953 Neil Ave.			Zip Code	М	D	ΙΥ	Amount	······
Colombia	State	н	43201	1 .	1 .	1	4	50.00
Columbus	0		40401	0 4		nber, if PA		50.00
Full Name of Contributor				Cogism	TONI MORE	aver, ILFA		
Pieter Wykoff	Employed/Downstion/Labor Organization#						Form (Cash, Chec	ok. etc.)
Street Address	Employer/Occupation/Labor Organization*					Check	,,	
230 East Oakland Ave.	G+-1		Zip Code	М	T D	ΙΥ	Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Columbus	State	Н	Į -		1 .	1		50.00
Columbus	0	T #	43201	0 4		0 5		50.00
Full Name of Contributor				veäisii	MIVI INUM	uvi, ii PA	~~	
Citizens for Jim Petro	Emel		tion/I show Occaniustica*	<u> </u>			Form (Cash, Chec	sk etc \
Street Address	Lamptoyer/C.	љира	tion/Labor Organization*				Check	,,
1933 Lakeshore Dr.			Zip Code	М	D	ΙΥ	Amount	
Columbus	State	Н	43204	0 4		1 .	1	75.00
Columbus Full Name of Contributor	171		TULUI			nber, if PA		, 5.00
				Gisut	14 U	11 F.F.	<u> </u>	
Joshua Ryan Street Address	Employment)Ccure	tion/Labor Organization*	<u> </u>	16-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-	Form (Cash, Chex	ck, etc.)
	Employer/Occupation/Labor Organization*					Check		
One Miranova Pl.	State	·	Zip Code	Тм	D	ΙΥ	Amount	
	State		43215	3		0 5		500.00
Columbus Full Name of Contributor	10	~ 1	1 70410			nbor, if PA		555.00
3				L. C. Brotte	ATU	, u F <i>f</i>	- -	
Palmer McNeal Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ck, etc.)	
	THIND A COMPANIE PARCE OF SURVEYOR					Check		
5169 Springfield Ct.	State		Zip Code	М	D	Y	Amount	
Columbus	1	Н	43081	0 4		1 .	l '	500.00
Full Name of Contributor			1 -2004			nber, if PA		
Robert Klaffky						., • •		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
41 S. High Street Suite 3710	,,					Check		
City	State Zip Code M D				Y	Amount		
Columbus	1	H.	43215	0 4		1 .	•	250.00
COLUMNOUS								

* 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