

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Dominic Paretti					
Full Name of Contributor Committee to Elect Stephen Slesnick			Registration Number, if PAC		
Street Address 4725 Greenbriar Sq		Employer/Occupation/Labor Organization* State Representative		Form (Cash, Check, etc.) Check	
City Canton	State OH	Zip Code 44714	M 1	D 0	Y 3
			Amount \$70.00		
Full Name of Contributor Committeet to Elect Stephen Slesnick			Registration Number, if PAC		
Street Address 4725 Greenbriar Sq		Employer/Occupation/Labor Organization* State Representative		Form (Cash, Check, etc.) Check	
City Canton	State OH	Zip Code 44714	M 1	D 1	Y 3
			Amount \$100.00		
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC		
Street Address 545 E Town St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 3
			Amount \$75.00		
Full Name of Contributor Friends of Armond Budish			Registration Number, if PAC		
Street Address 23240 Chagrin Blvd., Suite 700		Employer/Occupation/Labor Organization* State Representative		Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44122	M 1	D 2	Y 3
			Amount \$50.00		
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
			Amount		
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
			Amount		
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
			Amount		
Full Name of Contributor			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y
			Amount		

* 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)]

Page Total **\$295.00**