

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full			
PAINI FOR TRUSTEE			
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTOR PAINI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
7296 PORTER DR	POSTAGE	1	0 0 2 1 3 184.00
City	State Zip Code	Received at Fundraising Event?	
CANAL WINCHESTER	OH 43110	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTOR PAINI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
7296 PORTER DR	LABELS	1	0 0 2 1 3 28.67
City	State Zip Code	Received at Fundraising Event?	
CANAL WINCHESTER	OH 43110	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTOR PAINI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
7296 PORTER DR	MAIL DESIGN SERVICES	0	9 2 1 1 3 125.00
City	State Zip Code	Received at Fundraising Event?	
CANAL WINCHESTER	OH 43110	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTOR PAINI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
7296 PORTER DR	MAIL PIECES	0	9 2 4 1 3 1,380.00
City	State Zip Code	Received at Fundraising Event?	
CANAL WINCHESTER	OH 43110	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
VICTOR PAINI			
Street Address	Description of Item or Service	M	D Y Fair Market Value
7296 PORTER DR	FACEBOOK ADS	1	0 1 6 1 3 525.00
City	State Zip Code	Received at Fundraising Event?	
CANAL WINCHESTER	OH 43110	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
	OH	<input type="radio"/> YES <input type="radio"/> NO	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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))

\$2,242.67
Page Total ~~\$0.00~~