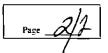
In-Kind Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full		
PAINI FOR TRUSTEE		
Full Name of Contributor, 1/11/10/10/ PAIN!	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 7346 Ponten Dn	Description of Item or Service	M D Y Fair Market Value 100213 184-00
City CANAL WINCHESTER	Sta te OH Zip Code 43/10	Received at Fundraising Event?
Full Name of Contributor PAINI	Employer, Occupation, Labor Organization*	Registration Number if PAC
Street Address 1396 POUTER DA	Description of Item or Service LABERS	M D Y Fair Market Value 100213 28.67
City CANA WINCHESTER	State Zip Code OH	Received at Fundraising Event? OYES NO
Full Name of Contributor VICTOR PAIN	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 1296 PORTER DR	Description of Item or Service MMIL DESIGN SERVICES	M D Y Fair Market Value 092 (13 /25 - 00
City CANAC WINCHESTER	State Zip Code OH 43110	Received at Fundraising Event? OYES NO
Full Name of Contributor ILTOR PAIN	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 7296 PORTER DA	Description of Item or Service MANL PIECES	M D Y Fair Market Value 08 24 / 3 1,380-00
CANA WINCHESTER	Sta te Zip Code OH 43110	Received at Fundraising Event? OYES NO
Full Name of Contributor VICTOR PAINI	Employer, Occupation, Labor Organization*	Registration Number if PAC
Street Address 1296 PONTEN DN	Description of Item or Service PROBON ADS	M D Y Fair Market Value 525- @
City (ANM WINCHOSTER	OH Zip Code 43/10	Received at Fundraising Event? OYES 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	Sta te OH	Received at Fundraising Event? O YES O 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? OYES 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	Stal te Zip Code OH	Received at Fundraising Event? OYES O 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)]

Page Total