31-	J-1	l
R.C.	351	7.10

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pa	ulino					
Full Name of Contributor		antina I aban Omerainstian #	In	Variable (CDAC)		
	Employer, Occupation, Labor Organization *		Registration	Registration Number, if PAC		
Lindsey Boyer Street Address			 		·	
	Description of Item or Service		MD			
1495 West 6th Ave.	Envelopes		0 5 1 0 0 5 21.23			
City Columbus	State H	Zip Code 43212	Received at F	fundraising Event?		
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC			
Eddie Pauline	Employer, Good	pation, ration Organization	Rogistiation	tumon, n r Ac		
Street Address	Description of It	Description of Item or Service		Y Fair Market Value		
980 King Ave		Printing		905	26.64	
City	State	Zip Code		0 5 1 9 0 5 26.64 Received at Fundraising Event?		
Columbus	ОІН	43215	YES	·		
Full Name of Contributor		pation, Labor Organization *				
	Employer, Good	pation, Labor Organization	Registration Number, if PAC			
Street Address	Description of Its	em or Service	M D	Y Fair Market Value	;	
City	State	Zip Code	Received at F	undraising Event?		
•			YES			
Full Name of Contributor	Employer, Occup	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 F	undraising Event?		
Full Name of Contributor	Employer, Occup	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 F	undraising Event?		
			YES	I □NO		
Full Name of Contributor	Employer, Occup	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 F	undraising Event?		
			YES YES	□NO		
Full Name of Contributor	Employer, Occup	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 F	undraising Event?		
Full Name of Contributor	Employer, Occup	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 Fi	undraising Event?		

Page Total \$	47.87
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^{*} 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)]