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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Paini for Trustee							
Full Name of Contributor				Registration Number, if PAC			
Nick Ferrugia							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash. Cho	eck, etc.)
8214 Echo Spring		·				Online	
City	State	Zip Code	М	D	Y	Amount	
Westerville	O H	43081	0 9	2 1	0 9		75.00
Full Name of Contributor		1	Registra	tion Num	ber, if PA	.c	
Andrew Brate							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Che	eck, etc.)
6684 Lakeview Circle		,				Online	
City	State	Zip Code	M	D	Y	Amount	
Canal Winchester	O H	43110	0 9	2 3	0 9	_	25.00
Full Name of Contributor		· · · · · · ·	Registra	tion Num	ber, if PA	'C	,
Donna Forbes		•	ŀ				
Street Address	Employer/Occur				Form (Cash, Che	eck, etc.)	
3215 Cranston Dr						Check	
City	State	Zip Code		D	Y	Amount	,
Dublin	OH	43017	0 9	2 7	019		100.00
Full Name of Contributor				tion Num	ber. if PA	C	
Shawn Rausch							
Street Address	Employer/Occup		Form (Cash, Check, etc.)				
6470 Hemmingford Dr							
City	State	Zip Code	М	D	Y	Online Amount	
Canal Winchester	ОІН	43110	019	218	0 9		50.00
Full Name of Contributor					ber, if PA	\C	
David Fortner		•					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
5005 Birch Grove Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Groveport	OH	43125	019	216	0 9		30.00
Full Name of Contributor		;		<u> </u>	ber, if PA	VC	
Debra Visco		•					
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash. Ch	eck. etc.)
400 Quarter Way		-				Online	
City	State	Zip Code	М	D	Y	Amount	
Delaware	OH	43015	019	219	0 9	1	25.00
Full Name of Contributor		10010			nber, if PA		
Mike Pohorilla			ľ				
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Ch	eck, etc.)
6194 Mistover Lane		Employer occupation bacor organization				Check	
City	State	Zip Code	М	D	Y	Amount	_
Canal Winchester	0 H	43110	019	1	0 9		50.00
Full Name of Contributor		10110			nber, if P	•	
Cindy Kolecki			ľ				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Ch	reck, etc.)
7490 Williamson Ln					Check		
City	State	Zip Codé	М	Ð	Y	Amount	
Canal Winchester	O H	43110	1 0	1 .	1019	1	50.00
Cultar symenester		10110	1 14	1014		a name of the	

* 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 S 405.00