

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline							
Full Name of Contributor Mary Ann Potter Lewis					Registration Number, if PAC		
Street Address 2121 Bethel Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Gregory Allen					Registration Number, if PAC		
Street Address 9640 Jackson St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Frank Titus					Registration Number, if PAC		
Street Address 1251 Harrison Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Dorothy Teater					Registration Number, if PAC		
Street Address 286 W. Weisheimer		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Roger Tracy					Registration Number, if PAC		
Street Address 5057 Heath Gate Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Lee Schear					Registration Number, if PAC		
Street Address 1130 Harman Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dayton	State O H	Zip Code 45419	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Evelyn Kiffmeyer					Registration Number, if PAC		
Street Address 458 Scarborough		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Painesville	State O H	Zip Code 44077	M 0	D 4	Y 0	Amount 50.00	
Full Name of Contributor Collen O'Brien					Registration Number, if PAC		
Street Address 2015 Roundwyck Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 4	Y 0	Amount 50.00	

* 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 \$ 650.00