

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 William Hiller					Registration Number, if PAC		
Street Address 9540 Remington Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 0	Amount 100.00	
Full Name of Contributor Geraldine Steel					Registration Number, if PAC		
Street Address 5261 Barony Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45241	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Joan Perkins					Registration Number, if PAC		
Street Address 5269 Barony Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cincinnati	State O H	Zip Code 45241	M 0	D 4	Y 0	Amount 100.00	
Full Name of Contributor Florence Odita					Registration Number, if PAC		
Street Address 3155 Wareham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 0	Amount 50.00	
Full Name of Contributor Tom Davis					Registration Number, if PAC		
Street Address One Miranova Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0	D 4	Y 0	Amount 1,000.00	
Full Name of Contributor Vernon Morrison					Registration Number, if PAC		
Street Address 2333 McCoy 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 100.00	
Full Name of Contributor Bradley Block					Registration Number, if PAC		
Street Address 8581 Dusinane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 4	Y 0	Amount 75.00	
Full Name of Contributor Troy Doucet					Registration Number, if PAC		
Street Address 3718 Peak Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 0	D 4	Y 0	Amount 75.00	

* 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 \$ 1,600.00