

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Eddie Pauline</b>									
Full Name of Contributor <b>Michael J. Valo</b>						Registration Number, if PAC			
Street Address <b>931 Longview Ct.</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>1</b>	D <b>0</b>	Y <b>2</b>	Y <b>5</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Eric Prall</b>						Registration Number, if PAC			
Street Address <b>5632 Barney Lane</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>		M <b>1</b>	D <b>0</b>	Y <b>1</b>	Y <b>7</b>	Amount <b>\$30.00</b>
Full Name of Contributor <b>Gregory L. Allen</b>						Registration Number, if PAC			
Street Address <b>9640 Jackson Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Mentor</b>		State <b>OH</b>	Zip Code <b>44060</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>1</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Thomas E. Swank</b>						Registration Number, if PAC			
Street Address <b>7763 Dahlia Drive</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Mentor</b>		State <b>OH</b>	Zip Code <b>44060</b>		M <b>0</b>	D <b>9</b>	Y <b>2</b>	Y <b>3</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Motorists Mutual Ins. Co. Civic Fund</b>						Registration Number, if PAC <b>COO336834</b>			
Street Address <b>471 E. Broad Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Y <b>3</b>	Amount <b>\$100.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount

\* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$230.00**