

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 Dennis Trentman						Registration Number, if PAC						
Street Address 7896 New Brunswick			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Cincinnati		State O H		Zip Code 45241		M 0 3		D 2 6		Y 0 5		Amount 100.00
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocates for Effective Govt						Registration Number, if PAC OH108						
Street Address 52 E. Gay Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 8		Y 0 5		Amount 500.00
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocates for Effective Govt						Registration Number, if PAC OH108						
Street Address 52 E. Gay Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 3		D 2 8		Y 0 5		Amount 500.00
Full Name of Contributor Franklin County Forum						Registration Number, if PAC						
Street Address 525 Hiler Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43228		M 0 2		D 2 5		Y 0 5		Amount 25.00
Full Name of Contributor Nicholas Everhart						Registration Number, if PAC						
Street Address 3944 North Hampton Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43065		M 0 4		D 1 3		Y 0 5		Amount 75.00
Full Name of Contributor Stephen Helwagen						Registration Number, if PAC						
Street Address 241 Key Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Pataskala		State O H		Zip Code 43062		M 0 4		D 1 3		Y 0 5		Amount 50.00
Full Name of Contributor Mory Fuhrmann						Registration Number, if PAC						
Street Address 4603 Ludington Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43227		M 0 4		D 0 8		Y 0 5		Amount 50.00
Full Name of Contributor Aaron Leventhal						Registration Number, if PAC						
Street Address 759 City Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 3		Y 0 5		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 \$ 1,350.00