31-A R.C. 3517.10

FOR PAPER FILING ONLY Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full The Committee to Elect Domir	nic Paretti				
Full Name of Contributor Richard Spangler	Full Name of Contributor			f PAC	
Street Address	Familiayer/Occ	rupation/Labor Organization			
26 DOVER Ave	Food P	antry director		Form (Cash, Check, et Check	
City Springfield	State OH	Zip Code 45504	D 4 0 3 1 3	Amount	
Full Name of Contributor Friends of Dan Ramos				FPAC	
Street Address					
1828 W. 38th St	State Re	Employer/Occupation/Labor Organization* State Representative		Form (Cash, Check, etc Check	
Lorain	State OH	Zip Code 44053	M D Y	Amount \$500.00	
Full Name of Contributor Friends of Bob Hagan			Registration Number, if	PAC	
Street Address 562 Maderia Ave	Employer/Occu, State Rer	Employer/Occupation/Labor Organization State Representative		Form (Cash, Check, etc.	
City Youngstown	State OH	Zip Code 44504	0 4 0 5 1 3	Amount	
Full Name of Contributor OAPSE AFSCME Turnaround	Ohio PAC		Registration Number, if PAC 1269		
Street Address 6805 Oak Creek Dr	Employer/Occur OAPSE A	Employer/Occupation/Labor Organization* OAPSE AFSCME Local 4		Form (Cash, Check, etc.	
City Columbus	State OH	Zip Code 43229	M D Y D D 3	Amount \$2,000.00	
OAPSE AFSCME Turnaround Ohio PAC			Registration Number, if P		
Street Address 6805 Oak Creek Dr	Employer/Occup	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
City	OAPSE AF	FSCME Local 4	1 2 2 2 2	Check	
Columbus Full Name of Contributor	OH	Zip Code 43229	0 8 1 4 1 3	Amount \$1,000.00	
CEA Teachers for Better Schoo			Registration Number, if P.	AC	
929 E. Broad St	Employer/Occup: OEA-Colu	Employer/Occupation/Labor Organization* OEA-Columbus Education Associ		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M D Y 3	Amount \$5,000.00	
Full Name of Contributor OAPSE AFSCME Turnaround PAC 126					
Greet Address 6805 Oak Creek Dr		Employer/Occupation/Labor Organization OAPSE AFSCME Local 4		Form (Cash, Check, etc.) Check	
ity Columbus	State OH	Zip Code 43229	M D Y	Amount \$2,000.00	
ull Name of Contributor Contributions from Form 31-E			Registration Number, if PA	<u> </u>	
treet Address	Employer/Occupa	ation/Labor Organization		Form (Cash, Check, etc.)	
ity	State OH	Zip Code	M D Y 1 0 0 2 1 3	Amount \$2,600,00	

Page Total \$13,850.00

^{*}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 also appear. [R.C. 3517.10(B)(4)]