Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Paini for Trustee			
Full Name of Contributor		Registration Number, if PA	NC
Nicole Stuart			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
6181 Bay Hill Ct.	·		Online
City	State Zip Code	M D Y	Αιπουπτ
Mason	O H 45040	0 9 1 5 0 9	5.00
Full Name of Contributor		Registration Number, if P/	
leff Miller			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7186 Snowberry Ln.			Check
City	State Zip Code	M D Y	Amount
Canal Winchester	O H 43110	0 9 0 7 0 9	337.36
Full Name of Contributor	0 10110	Registration Number, if PA	
John Stechshulte			
Street Address	Employer/Occupation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
	imployer occupantite Euror organization		Check
1200 Brittany Ln.	State Zip Code	M D Y	Amount
	O H 43220	0 9 1 0 0 9	
Columbus Full Name of Contributor	0 1 1 43220	Registration Number, if Pa	
1	•	regulation (minoci, tt i	
Vic Paini	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization		Cash
616 Eastern Ave	Cara- 177 C-4-	TM In IV	
City	State Zip Code	M D Y	Amount 100.00
New Lexington	O H 43764	019017019	
Full Name of Contributor		Registration Number, if P.	AC
Jon Petz			E (C-1 C)
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7873 Glenmore Dr.			Check
City	State Zip Code	M D Y	Amount
Powell	O H 53065	0 9 1 4 0 9	
Full Name of Contributor		Registration Number, if P.	AC
Anne Gonzales			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
335 Wildwood Dr.		·	Check
City	State Zip Code	M D Y	Amount
Westerville	O H 43081	0 9 1 4 0 9	
Full Name of Contributor	,	Registration Number, if P	AC
Shaun Hochradel			
Street Address	Employer/Occupation/Labor Organization*		Form (Cash. Check. etc.)
607 E Market St.			Online
City	State Zip Code	M D Y	Amount
Baltimore	O H 43105	0 9 1 6 0 9	20.00
Full Name of Contributor		Registration Number, if P	
Amanda Bosse		1	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
271 E Whittier St	<u> </u>		Online
City	State Zip Code	M D Y	Amount
Columbus	O H 43206	0 9 1 6 0 9	10.00
Columbus	0 1 10200	101012	be name of the

* 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	s	647.36