

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 Tom Davis						Registration Number, if PAC			
Street Address One Miranova Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43216		M 0	D 2	Y 1	Amount 1,000.00
Full Name of Contributor Mark Anthony Ryan						Registration Number, if PAC			
Street Address 364 W. Lane Ave. Apt. 437			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43201		M 0	D 3	Y 0	Amount 25.00
Full Name of Contributor William T. Hiller						Registration Number, if PAC			
Street Address 9540 Remington Dr.			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 Jill Craig						Registration Number, if PAC			
Street Address 6517 Jones Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bloomingsburg		State O H		Zip Code 43106		M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Daniel Steinberg						Registration Number, if PAC			
Street Address 471 Blandings Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State O H		Zip Code 43085		M 0	D 3	Y 0	Amount 50.00
Full Name of Contributor Mabel Freeman						Registration Number, if PAC			
Street Address 65 Meadow Park Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43209		M 0	D 3	Y 0	Amount 200.00
Full Name of Contributor James Tressel						Registration Number, if PAC			
Street Address 2777 McCoy Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State O H		Zip Code 43220		M 0	D 3	Y 0	Amount 100.00
Full Name of Contributor Joy Mahrer						Registration Number, if PAC			
Street Address 114 Mayfair Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pittsburgh		State P A		Zip Code 15228		M 0	D 3	Y 2	Amount 100.00

* 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 \$ 1,625.00