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 Dominic Paretti		-				
Full Name of Contributor Richard Spangler				Registration Number, if PAC		
Street Address 26 Dover Ave.	Employer/Occupation/Labor Organization* Food Pantry director				Form (Cash, Check, etc.) check	
City Springfield	State OH	Zip Code 45504	M D D 3	1 3	Amount \$250.00	
Full Name of Contributor				umber, if P.	AC	
Friends of Dan Ramos	<del>,</del>				Ta	
Street Address 1828 W. 38th St.	Employer/Occupati State Rep			Form (Cash, Check, etc.) Check		
City Lorain	State OH	Zip Code 44053	M D 3	1 3	Amount \$500.00	
Full Name of Contributor Friends of Bob Hagan				Registration Number, if PAC		
Street Address 562 Maderia Ave.	Employer/Occupati State Repre			Form (Cash, Check, etc.) check		
City Youngstown	State OH	Zip Code 44504	0 4 0 5	5 1 3	Amount \$500.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC				Registration Number, if PAC 1269		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6805 Oak Creek Dr		SCME Local 4	TO THE	1.16	check	
City Columbus	State OH	Zip Code 43229	M, D	Y <sub>1</sub>	Amount \$2,000.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC				Registration Number, if PAC 1269		
Street Address 6805 Oak Creek Dr	Employer/Occupati OAPSE AFS			Form (Cash, Check, etc.) Check		
City Columbus	State OH <sub>.</sub>	Zip Code 43229	0 8 1 4	1 3	Amount \$1,000.00	
Full Name of Contributor CEA Teachers for Better Schools				Registration Number, if PAC		
Street Address 929 E. Broad St	Employer/Occupati OEA-Colum			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205	M D D 9 2 7	Y <sub>1</sub>	Amount \$5,000.00	
Full Name of Contributor OAPSE AFSCME Turnaround Ohio PAC				Registration Number, if PAC 1269		
Street Address 6805 Oak Creek Dr	Employer/Occupati OAPSE AFS			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M D	1 3	Amount \$2,000.00	
Full Name of Contributor Registration Number, if F					AC	
Street Address	Employer/Occupation/Labor Organization			·	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D	Y	Amount	

Page Total \$11,250.00

<sup>\*</sup> 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)]