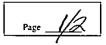
In-Kind Contributions Received



Prescribed by Secretary of State 03/05

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Name of Committee in Full AINI FOR TRUSTEE		
Full Name of Contributor VICTOR PAIN!	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 1396 ' POKITEN ON	Description of Item or Service GUE SPOUSONSHIP State Zip Code	M D Y Fair Market Value 50.00
City CANA WINCHESTER	Stat te Zip Code 43//0	Received at Fundraising Event? OYES NO
Full Name of Contributor VICTOR PAIN!	Employer, Occupation, Labor Organization*	Registration Number, 1f PAC
Street Address 73.96 PONTER DR	PANAOT ENTRY (GROVEPORT)	M D Y Fair Market Value 35.00
City CANAL WINCHESTER	State Zip Code 43/10	Received at Fundraising Event? OYES NO
Full Name of Contributor VICTOR PAIN	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 7296 PONTA OR	PANADE (ANDY (GROVEPORT)	M D Y Fair Market Value 50-00
City CANAL WINCHESTER	Sta' te Zip Code OH 43/10	Received at Fundraising Event? O YES NO
Full Name of Contributor 1/16 TOR PAIN!	Employer, Occupation, Labor Organization*	Registration Number/if PAC
Street Address 7796 PONTEN DN	PANADE EVMY (C.W.)	08 30 13 /35, W
CANA WINCHESTER	Sta' te Zip Code (3/10)	Received at Fundraising Event? OYES NO
Full Name of Contributor VICTOR PAIN!	Employer, Occupation, Labor Organization*	Registration Number Af PAC
Street Address 7246 PORTER DA	PANADE (ANDY (C-W.)	0 8 3 1 1 3 180.00
CANN WINCHESTER	Stat te Zip Code 43110	Received at Fundraising Event? O YES NO
Full Name of Contributor VICTOR PAIN	Employer, Occupation, Labor Organization*	Registration Number, If PAC
Street Address 1796 RONTER DR	Description of Item or Service 7-SHNN/S	M D Y Fair Market Value 0830/3 282.00
CANA WINCHESTER	OH Zip Code 43/10	Received at Fundraising Event? O YES NO
Full Name of Contributor // CTON PAIN	Employer, Occupation, Labor Organization*	Registration Number, If PAC
Street Address 7296 PONITER DR	Description of Item or Service STICKOLS	083013 244.00
City (ANAI WINCHESTER	Sta' te Zip Code 43/16	Received at Fundraising Event? OYES NO
Full Name of Contributor 1/16 TOA PAIN/	Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address 7296 PONTUL DA	Description of Item or Service MAGNUTS	M D Y Fair Market Value O 9 1 2 1 3 47-22
City (ANM WINCHESTER	State Zip Code 3/10	Received at Fundraising Event? OYES NO

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]

Page Total \$0.00