

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 Colleen O'Brien					Registration Number, if PAC		
Street Address 2015 Roundwyck Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Charles Jenkins					Registration Number, if PAC		
Street Address 2867 N. West Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor John Mount					Registration Number, if PAC		
Street Address 3121 Barry Trace Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0	D 4	Y 1	Amount 50.00	
Full Name of Contributor Paul Love					Registration Number, if PAC		
Street Address 540 Overbrook Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 0	Amount 25.00	
Full Name of Contributor Marlinda Iyer					Registration Number, if PAC		
Street Address 367 W. 8th Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Amy Shipman					Registration Number, if PAC		
Street Address 15921 Grove Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Middlefield	State O H	Zip Code 44062	M 0	D 3	Y 1	Amount 100.00	
Full Name of Contributor Felix Alonso					Registration Number, if PAC		
Street Address 943 Highland St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 3	Y 2	Amount 100.00	
Full Name of Contributor Larry Disbro					Registration Number, if PAC		
Street Address 9234 Johnnycake Ridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Mentor	State O H	Zip Code 44060	M 0	D 3	Y 3	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 \$ 600.00