Statement of Contributions Received

Prescribed by Secretary of State 3/05

			<u></u>					
Name of Committee in Full			•					
Paini for Trus <u>tee</u>								
Full Name of Contributor					Registration Number, if PAC			
Cindy DeGoricia				L				
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
8735 Tayport Dr			:				Cash	
City	Sta	te	Zip Code	М	D	Y	Amount	
Dublin	01	H	43017	110	0 9	0 9	50.00	
Full Name of Contributor	•			Registra	tion Nun	nber, if PA	vC	
David Paini								
Street Address	Employer/Occupation/Labor Organization*			-4			Foпп (Cash, Check, etc.)	
8029 Baird Rd							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Groveport	\perp_{O}	Н	43125	110	019	0 9	150.00	
Full Name of Contributor	, ,					nber, if PA		
Shawn McCoy				1				
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
7169 Rosemount Way							Check	
City	Sta	te	Zip Code	М	D	Y	Amount	
Canal Winchester	\perp_{O}	H	43110	1 0	1 5	0 9	100.00	
Full Name of Contributor						nber if PA		
Street Address Employer/Occupation/Labor Organization*							Form (Cash. Check, etc.)	
5.000 Tibut 400								
City	Sta	te	Zip Code	М	Ð	Y	Amount	
City	1 "			1 1	Lτ			
Full Name of Contributor				Registra	tion Nur	nber, if PA	\C	
Totalis of Controller								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
Succe Address	Lingioye	•			,			
City	Sta	te	Zip Code	М	D	Υ	Arnount	
ichy	J		Zip code	1 "	Ĭ	l i		
Full Name of Contributor	!		<u> </u>	Registra	tion Nur	nber if Pa	AC .	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Silect Address							Tomic (Cashi Gireni, 111)	
City	Sta	.to	Zip Code	М	D	Y	Amount	
City			Dip code	1 "				
Full Name of Contributor			<u></u>	Registr	ation Nur	nber, if P	AC	
run wattie of Contributor				Regisii	10011 1 1411	11001, 11 17		
Sun-14 & 13	Employe	·/Ocoup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
Street Address	ation Casor Organization				Tom (Casia Cheek, etc.)			
Cit.	- Cto	· to	Zip Code	М	D	Y	Amount	
City	Sta	ite	Zip Code			1	Amount	
C HALL CO T				Parietr	ntion Nu	nhar if P	A.C.	
Full Name of Contributor Registration Number, if PAC							40	
In a constant of the							Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*						rotin (Cash, Check, etc.)	
			Ta:- C-4-	1 11	T 5	W	Amount	
City	Sta	ic	Zip Code	М	D	Y	Amount	
			<u>L</u>		<u> </u>	1 1	us nome of the	

Page Total \$ 300.00

^{*} 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)]