

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Elect Eddie Pauline</b>									
Full Name of Contributor <b>Michael F. Colley</b>						Registration Number, if PAC			
Street Address <b>536 S. High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>			
City <b>Columbus</b>			State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Y <b>7</b>	
						Y <b>0</b>		Y <b>5</b>	
Amount <b>\$250.00</b>									
Full Name of Contributor <b>Jo Ann Davidson</b>						Registration Number, if PAC			
Street Address <b>6639 Forrester Way</b>			Employer/Occupation/Labor Organization* <b>Co Chairman, RNC</b>			Form (Cash, Check, etc.) <b>Check</b>			
City <b>Renoldsburg</b>			State <b>OH</b>	Zip Code <b>43068</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Y <b>9</b>	
						Y <b>0</b>		Y <b>5</b>	
Amount <b>\$100.00</b>									
Full Name of Contributor <b>Roger W. Tracy</b>						Registration Number, if PAC			
Street Address <b>5057 Heath Gate Drive</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>			
City <b>New Albany</b>			State <b>OH</b>	Zip Code <b>43054</b>		M <b>0</b>		D <b>9</b>	
						Y <b>1</b>		Y <b>6</b>	
						Y <b>0</b>		Y <b>5</b>	
Amount <b>\$75.00</b>									
Full Name of Contributor <b>Jack D. Miner</b>						Registration Number, if PAC			
Street Address <b>114 W. 2nd Avenue</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>			
City <b>Columbus</b>			State <b>OH</b>	Zip Code <b>43201</b>		M <b>1</b>		D <b>0</b>	
						Y <b>2</b>		Y <b>5</b>	
						Y <b>0</b>		Y <b>5</b>	
Amount <b>\$250.00</b>									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State <b>OH</b>	Zip Code		M		D	
						Y		Y	
Amount									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State <b>OH</b>	Zip Code		M		D	
						Y		Y	
Amount									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State <b>OH</b>	Zip Code		M		D	
						Y		Y	
Amount									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City			State <b>OH</b>	Zip Code		M		D	
						Y		Y	
Amount									

\* 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)]

Page Total **\$675.00**