

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 Paul Allen Beck					Registration Number, if PAC		
Street Address 7003 Perry Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Matthew Damschroder					Registration Number, if PAC		
Street Address 2598 Ruhl Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 4	Y 1	Amount 100.00	
Full Name of Contributor Robert Schuler					Registration Number, if PAC		
Street Address 250 Civic Center Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 1,000.00	
Full Name of Contributor Dorothy Mihalick					Registration Number, if PAC		
Street Address 976 Tallmadge Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Wickliffe	State O H	Zip Code 44092	M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor Richard Stoddard					Registration Number, if PAC		
Street Address 656 Marburn Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0	D 4	Y 3	Amount 100.00	
Full Name of Contributor Contributions From Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M 0	D 4	Y 2	Amount 780.00	
Full Name of Contributor Reminger & Reminger Ohio PAC					Registration Number, if PAC CP495		
Street Address 101 Prospect Ave. W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cleveland	State O H	Zip Code 44115	M 0	D 5	Y 0	Amount 75.00	
Full Name of Contributor Bricker & Eckler LLP State PAC					Registration Number, if PAC OH 821		
Street Address 100 S. Third St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 150.00	

* 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 \$ 2,405.00