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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				-		-			
Paini for Trustee									
Full Name of Contributor	Regist	Registration Number, if PAC							
Rick Brown									
Street Address	Employer/Occur	nation/Labor Organization				Form (Cash, Ch	eck, etc.)		
7170 Charleton Ct	Employer/Occup	Anon Labor Organization	Cash						
	State	Zip Code	М	D	Y	Amount			
Constant	O H	43110				Amount	100.00		
Canal Winchester Full Name of Contributor	1011	1 43110		ration Num					
			Regist	ration stun	ioci, ii i i				
Steve Farst	Ic		. 			Form (Cash, Ch	ack atc \		
Street Address	Employer/Occuj	Employer/Occupation/Labor Organization*					icek, etc.)		
1637 Minturn Dr		To a l		1 5	T 0	Check			
City	State	Zip Code	M	, a	Y	Amount	100.00		
New Albany	OH	43054	1 1	11011	0 9		100.00		
Full Name of Contributor			Regist	ration Nun	nber, if PA	iC			
Civil Engineers for a Civil Go	vernment					n (0.1.0)			
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Cl	ieck, etc.)			
12855 Wheaton Dr					,	<u>Check</u>			
City	State	Zip Code	M	D	Y	Amount	-20.00		
Pickerington	O H	43147		1 1 7	0 9	<u> </u>	200.00		
Full Name of Contributor			Regist	ration Nun	nber, if PA	AC .			
<u> </u>					_				
Street Address	Employer/Occu	*	Form (Cash, Check, etc.)						
				1 -	1				
City	State	Zip Code	M	D	Y	Amount			
<u> </u>				<u> </u>	1 1				
Full Name of Contributor			Regis	tration Nur	nber, if P/	AC .			
						Form (Cash. Cl			
Street Address	Employer/Occupation/Labor Organization					ronn (Cash. Ci	ieck, eic.)		
		Te	1 17		1 1/	<u> </u>			
City	State	Zip Code	М	D	Y,	Amount			
Full Name of Contributor			Regis	tration Nu	nber, if Pa	VC.			
Street Address	Employer/Occu	Employer Occupation/Labor Organization*				Form (Cash, Check, etc.)			
		.							
City	State	Zip Code	M _.	D.	l Y	Amount			
					<u> </u>				
Full Name of Contributor			Regis	tration Nu	mber, if Pa	AC .			
<u></u>									
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
							<u></u> ,		
City	State	Zip Code	М	D	Y	Amount			
				1					
Full Name of Contributor			Regis	tration Nu	mber. if P	AC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)		
						<u> </u>			
City	State	Zip Code	М	D	Y	Amount			
Required for contributions from individuals over \$100 to	statewide and general assembly ca	ndidates. If contributor is	self-employed,	the occupa	tion and t	he name of the			

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 \$ 400.00