

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full PAINI FOR TRUSTEE			
Full Name of Contributor VICTOR PAINI	Employer, Occupation, Labor Organization * TECH MGR, JPMC	Registration Number, if PAC	
Street Address 7296 PORTER DR	Description of Item or Service MAIL	M 08	D 28
City CANAL WINCHESTER	State OH	Y 09	Fair Market Value 6,009.00
Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor VICTOR PAINI	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 7296 PORTER DR	Description of Item or Service POSTAGE	M 10	D 29
City CANAL WINCHESTER	State OH	Y 09	Fair Market Value 17.60
Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor VICTOR PAINI	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 7296 PORTER DR	Description of Item or Service ENVELOPES	M 10	D 15
City CANAL WINCHESTER	State OH	Y 09	Fair Market Value 25.68
Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor VICTOR PAINI	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address 7296 PORTER DR	Description of Item or Service YARD SIGNS	M 10	D 13
City CANAL WINCHESTER	State OH	Y 09	Fair Market Value 580.00
Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D
City	State	Y	Fair Market Value
Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* 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)]