

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paini for Trustee							
Full Name of Contributor Rod Cameron					Registration Number, if PAC		
Street Address 8850 Education Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Pickerington	State O H	Zip Code 43147	M 0 8	D 0 1	Y 0 9	Amount 25.00	
Full Name of Contributor Daryl Graves					Registration Number, if PAC		
Street Address 1020 Adams St #214		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Hoboken	State N J	Zip Code 07030	M 0 8	D 2 6	Y 0 9	Amount 50.00	
Full Name of Contributor Nathan Burd					Registration Number, if PAC		
Street Address 1566 Burkey Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Reynoldsburg	State O H	Zip Code 43068	M 0 9	D 1 1	Y 0 9	Amount 25.00	
Full Name of Contributor Cindy Hilsheimer					Registration Number, if PAC		
Street Address 7278 Lambton Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City New Albany	State O H	Zip Code 43054	M 0 9	D 1 3	Y 0 9	Amount 100.00	
Full Name of Contributor Brad Gill					Registration Number, if PAC		
Street Address 5414 Bullfinch Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Westerville	State O H	Zip Code 43081	M 0 9	D 1 4	Y 0 9	Amount 25.00	
Full Name of Contributor Rod Cameron					Registration Number, if PAC		
Street Address 8850 Education Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Pickerington	State O H	Zip Code 43147	M 0 9	D 1 4	Y 0 9	Amount 5.00	
Full Name of Contributor Michael Thorn					Registration Number, if PAC		
Street Address 6701 Morello Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Westerville	State O H	Zip Code 43082	M 0 9	D 1 4	Y 0 9	Amount 25.00	
Full Name of Contributor Mike Love					Registration Number, if PAC		
Street Address 333 Liberty St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Baltimore	State O H	Zip Code 43105	M 0 9	D 1 4	Y 0 9	Amount 25.00	

* 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 \$ 280.00