

# FOR PAPER FILING ONLY

## Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>The Committee to Elect Dominic Paretti</b>							
Full Name of Contributor <b>Friends of Kenny Yuko</b>						Registration Number, if PAC	
Street Address <b>479 Pierson Dr</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Richmond Heights</b>			State <b>OH</b>	Zip Code <b>44143</b>	M <b>0</b>	D <b>2</b>	Y <b>1 6 1 2</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Friends of Mike Foley</b>						Registration Number, if PAC	
Street Address <b>3525 Carrmunn Ave</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cleveland</b>			State <b>OH</b>	Zip Code <b>44111</b>	M <b>0</b>	D <b>2</b>	Y <b>1 6 1 2</b>
						Amount <b>\$50.00</b>	
Full Name of Contributor <b>Friends of Dan Ramos</b>						Registration Number, if PAC	
Street Address <b>1828 West 38th Street</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lorain</b>			State <b>OH</b>	Zip Code <b>44053</b>	M <b>0</b>	D <b>2</b>	Y <b>1 6 1 2</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Zdravko Milkovich</b>						Registration Number, if PAC	
Street Address <b>2055 Cramer Ave</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Akron</b>			State <b>OH</b>	Zip Code <b>44312</b>	M <b>0</b>	D <b>2</b>	Y <b>1 6 1 2</b>
						Amount <b>\$100.00</b>	
Full Name of Contributor <b>Richard Spangler</b>						Registration Number, if PAC	
Street Address <b>26 Dover Rd</b>			Employer/Occupation/Labor Organization* <b>Food Pantry Director</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Springfield</b>			State <b>OH</b>	Zip Code <b>45504</b>	M <b>0</b>	D <b>2</b>	Y <b>2 7 1 2</b>
						Amount <b>\$250.00</b>	
Full Name of Contributor <b>Friends of Sandra Williams</b>						Registration Number, if PAC	
Street Address <b>12518 Fairhill Rd</b>			Employer/Occupation/Labor Organization* <b>State Representative</b>			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cleveland</b>			State <b>OH</b>	Zip Code <b>44120</b>	M <b>0</b>	D <b>2</b>	Y <b>2 7 1 2</b>
						Amount <b>\$75.00</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
						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
						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 **\$625.00**