Page	

## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Commission in Full							
Name of Committee in Full Paini for Trustee							
Fall Name of Contributor	Employer Occur	nation Labor Organization *	Registra	tion Nur	nher if F	PAC	
Victor Paini	Employer, Occupation, Labor Organization * Registration Number, if PAC						
	Description of Item or Service			D	ΙΥ	Fair Market Value	
Street Address	Description of it		м 1:0	1		17.60	
7521 Burgstresser Ct	Postage			Received at Fundraising Event?			
City	State H	Zip Code 43110	Keceive	YES	uraising	NO	
Canal Winchester		pation, Labor Organization *	Pogietra	None of the last o	nber, if F		
Full Name of Contributor	Employer, Occup	pation, Labor Organization "	Registra	ition ivai	iibei, ii r	AC	
Victor Paini			ļ.,	T 5	Y	Fair Market Value	
Street Address	Description of It	M	D v i m	1	25.68		
7521 Burgstresser Ct		Envelopes	1 0	1 5			
City	State	Zip Code	Receive	1	draising	K3	
Canal Winchester	0 H	43110		YES		X NO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ation Nur	nber, if F	AC	
Victor Paini						1	
Street Address	Description of It		M	D	Y	Fair Market Value	
7521 Burgstresser Ct		Yard Signs	<u> </u>	1 3	<del></del>	580.00	
City	State	Zip Code	Receive	7	draising		
Canal Winchester	O H	43110		YES		XNO	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ation Nur	nber, if F	PAC	
Street Address	Description of It	em or Service	M	D :	Y	Fair Market Value	
C:	State	Zip Code	Receive	d at Fun	draising	I Event?	
City	State	Zip Code	Receive	YES	uraising	NO	
	Farala var Osava	 pation, Labor Organization *	Pogietre		nber, if F		
Full Name of Contributor	Employer, Occup	pation, Labor Organization	Registra	acion ivui	niber, ir r	AC	
Street Address	Description of Item or Service			D	Y :	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising	Event?	
oity	Julian			YES		No	
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registra	ation Nur	mber, if I	PAC	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun	draising	Event?	
				YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ation Nur	mber, if I	PAC	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code		YES	draising	NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC			
Street Address	Description of Item or Service			D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fun YES	draising	Event?	
		l .		<u> </u>			

Page Total	\$	623.28
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<sup>\*</sup> 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)]