

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paini for Trustee							
Full Name of Contributor Marilyn Rush-Ekelberry					Registration Number, if PAC		
Street Address 124 Beaty Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1 0	D 2 3	Y 0 9	Amount 25.00	
Full Name of Contributor CORPAC					Registration Number, if PAC		
Street Address 2700 Airport Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1 0	D 2 8	Y 0 9	Amount 500.00	
Full Name of Contributor Spencer Wood					Registration Number, if PAC		
Street Address 7579 Murdoch Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Canal Winchester	State O H	Zip Code 43110	M 1 0	D 2 8	Y 0 9	Amount 40.00	
Full Name of Contributor Kenny Babbert					Registration Number, if PAC		
Street Address 5400 Elder Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Canal Winchester	State O H	Zip Code 43110	M 1 0	D 2 9	Y 0 9	Amount 50.00	
Full Name of Contributor Mike Lasak					Registration Number, if PAC		
Street Address 7170 Big Walnut Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Galena	State O H	Zip Code 43021	M 1 0	D 2 9	Y 0 9	Amount 10.00	
Full Name of Contributor Nancy Stagg					Registration Number, if PAC		
Street Address 6772 Ohio Canal Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 1 0	D 3 1	Y 0 9	Amount 100.00	
Full Name of Contributor Lou Visco					Registration Number, if PAC		
Street Address 400 Quarter Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Delaware	State O H	Zip Code 43015	M 1 0	D 3 1	Y 0 9	Amount 100.00	
Full Name of Contributor Sarah Gurwin					Registration Number, if PAC		
Street Address 334 Marjoram Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Gahanna	State O H	Zip Code 43230	M 1 0	D 3 1	Y 0 9	Amount 20.00	

* 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)]