

Statement of Contributions Received

Prescribed by Secretary of State 03/05

of Committee in Full							
Committee to Elect Lori Trent							
Name of Contributor						Registration Number, if PAC	
Mary Catherine Pelini Grillo							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1646 Doone Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43221	08	01	11	\$100.00	
Full Name of Contributor						Registration Number, if PAC	
John Garland Tillery							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1312 Graham Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Virginia Beach	VA	23454	08	22	11	\$100.00	
Full Name of Contributor						Registration Number, if PAC	
Jake W. II							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2614 Eddington Road						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43221	08	26	11	\$100.00	
Full Name of Contributor						Registration Number, if PAC	
Jodi Patton							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
4766 Riverside Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43220	08	26	11	\$100.00	
Full Name of Contributor						Registration Number, if PAC	
Elizabeth Hager							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3858 Kul Circle South						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	OH	43026	09	15	11	\$200.00	
Full Name of Contributor						Registration Number, if PAC	
Thomas D. Griffin							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2777 Donna Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43220	09	15	11	\$50.00	
Full Name of Contributor						Registration Number, if PAC	
Maureen L. Ready							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
2777 Donna Drive						Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43220	09	15	11	\$50.00	
Full Name of Contributor						Registration Number, if PAC	
Bob Devese							
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
3401 Baronsmede Court						Cash	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43221	09	07	11	\$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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 725.00