

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Paini for Trustee</b>							
Full Name of Contributor <b>Jeffrey Damron</b>					Registration Number, if PAC		
Street Address <b>3819 Trellis Ln</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>2   3</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Vic Paini</b>					Registration Number, if PAC		
Street Address <b>616 Eastern Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Lexington</b>	State <b>O   H</b>	Zip Code <b>43764</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Rosemary Paini</b>					Registration Number, if PAC		
Street Address <b>530 First Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Lexington</b>	State <b>O   H</b>	Zip Code <b>43764</b>	M <b>1   0</b>	D <b>2   1</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Wiles, Boyle, Burkholder and Bringardner</b>					Registration Number, if PAC		
Street Address <b>300 Spruce St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   0</b>	D <b>2   1</b>	Y <b>0   9</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Dorothy Hockman</b>					Registration Number, if PAC		
Street Address <b>5170 Pickerington Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cash</b>		
City <b>Pickerington</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>1   0</b>	D <b>2   5</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Patricia Flowers</b>					Registration Number, if PAC		
Street Address <b>216 Washington St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>0   9</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Harold Schacht</b>					Registration Number, if PAC		
Street Address <b>5681 Rager Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>2   2</b>	Y <b>0   9</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>John May</b>					Registration Number, if PAC		
Street Address <b>445 Sarwill Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Canal Winchester</b>	State <b>O   H</b>	Zip Code <b>43110</b>	M <b>1   0</b>	D <b>2   4</b>	Y <b>0   9</b>	Amount <b>300.00</b>	

\* 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 \$ 1,050.00 ✓