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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Paini for Trustee					•					
Full Name of Contributor	Employer, Occupation, Labor Organization *			Registration Number, if PAC						
Victor Paini	Patriot Signage							***0275		
Street Address	Description of Item or Service			M	D			Fair Market Value		
7296 Porter Dr			arge Signs) 1				580.0 <u>0</u>	
City	State		Zip Code	Receiv			aising Ev			
Canal Winchester		Н	43110	4	YES			NO NO		
Full Name of Contributor	Employer.		ation, Labor Organization *	Registi	sistration Number, if PAC					
Victor Paini			Office Max	1				***2093		
Street Address	Description		m or Service	M A	D		-	Fair Market Value		
7296 Porter Dr			envelopes) 1				25.68	
City	State		Zip Code	I	_		aising Ev	$\overline{}$		
Canal Winchester		H	43110		YES		120-	NO		
Full Name of Contributor	Employer,	Occupa	ation, Labor Organization *	Regist	Registration Number, if PAC					
Victor Paini			USPS	+	_			***2093		
Street Address	Description		m or Service	M	D	- 1		Fair Market Value		
7296 Porter Dr			Postage) 2			/ent?	17.60	
City	State		Zip Code 42110	Keceiv	YES		aising Ev	vent?		
Canal Winchester		H	43110				ser (CDA			
Full Name of Contributor	tributor Employer, Occupation, Labor Organization * Registration Number, if PAC									
Street Address	Description	of Ite	m or Service	M	D		Y	Fair Market Value		
- Wi			W- C-	1 .	1		nicie	(ant?		
City	State	:	Zip Code	Kecciv	red at F		raising Ev	vent?		
Full Name of Contributor	Employer,	Occup	ation, Labor Organization *	Regist			ber, if PA			
	<u> </u>				l D		Y	Fair Market Value	 	
Street Address	Description of Item or Service		an or Service	M						
City	State	State Zip Code		Receiv	Received at Fundraising Event?					
Full Name of Contributor	Employer.	Öccup	oation, Labor Organization *	Regist	YES		ber, if PA	NO NO		
						_				
Street Address	Description	Description of Item or Service		М	D	,	Y	Fair Market Value		
c.			Vin Code	10	and of F	1000	raising E	vent?		
City	State	5	Zip Code	Kecci	YES		Laising E	NO NO		
Full Name of Contributor	Employer,	Employer, Occupation, Labor Organization *		Regist	ration l	Num	ber, if P/	VC		
Street Address	Description of Item or Service		М	D	•	Y	Fair Market Value	2		
City	State	;	Zip Code	Recei	ved at F		raising E	vent?		
Fall News of Co. 11th 11th	F1-	Öee:	ration Labor Opposition #	I L			ber if D			
Full Name of Contributor	Employer,	Employer, Occupation, Labor Organization * Registration Number, if PAC								
Street Address	Description of Item or Service		М	D	<u>, </u>	Y	Fair Market Value	e		
City	State	e	Zip Code	Recei	ved at F		raising E	ivent?		
								·		

age Total \$	623.28

^{*} 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)]