

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paini for Trustee			
Full Name of Contributor Victor Paini	Employer, Occupation, Labor Organization * Patriot Signage	Registration Number, if PAC Visa ***0275	
Street Address 7296 Porter Dr	Description of Item or Service Large Signs	M D Y 1 0 1 3 0 9	Fair Market Value 580.00
City Canal Winchester	State Zip Code O H 43110	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Victor Paini	Employer, Occupation, Labor Organization * Office Max	Registration Number, if PAC Visa ***2093	
Street Address 7296 Porter Dr	Description of Item or Service Envelopes	M D Y 1 0 1 5 0 9	Fair Market Value 25.68
City Canal Winchester	State Zip Code O H 43110	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Victor Paini	Employer, Occupation, Labor Organization * USPS	Registration Number, if PAC Visa ***2093	
Street Address 7296 Porter Dr	Description of Item or Service Postage	M D Y 1 0 2 9 0 9	Fair Market Value 17.60
City Canal Winchester	State Zip Code O H 43110	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* 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)]