

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Eddie Pauline									
Full Name of Contributor Vicki Grieve Stoddard						Registration Number, if PAC			
Street Address 656 Marburn Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43214		M 1	D 0	Y 1	Y 7	Amount \$100.00
Full Name of Contributor Leah Pappas						Registration Number, if PAC			
Street Address 846 Mohawk Street			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43206		M 1	D 0	Y 2	Y 0	Amount \$50.00
Full Name of Contributor Robert M. Roach						Registration Number, if PAC			
Street Address 530 West Spring Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 1	Y 7	Amount \$250.00
Full Name of Contributor William Todd						Registration Number, if PAC			
Street Address 135 Cressingham Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 1	D 0	Y 1	Y 9	Amount \$250.00
Full Name of Contributor Bradley R. Kastan						Registration Number, if PAC			
Street Address 2355 Commonwealth Park South			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 7	Y 1	Y 2	Amount \$200.00
Full Name of Contributor Don Gepfert						Registration Number, if PAC			
Street Address 1925 Lake Shore Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43204		M 0	D 8	Y 0	Y 1	Amount \$100.00
Full Name of Contributor Dana S. Preisse						Registration Number, if PAC			
Street Address 373 S. High Street #61			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 7	Y 0	Y 5	Amount \$25.00
Full Name of Contributor Roger W. Tracy						Registration Number, if PAC			
Street Address 5057 Heath Gate Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 1	Y 9	Amount \$250.00

* 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 **\$1,225.00**