

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full The Committee to Elect Eddie Pauline												
Full Name of Contributor Laura Ambro						Registration Number, if PAC						
Street Address 12493 Cedar Rd. Apt. 9			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Cleveland Heights		State O H		Zip Code 44106		M 0 3		D 2 3		Y 0 5		Amount 20.00
Full Name of Contributor Matthew Ottiger						Registration Number, if PAC						
Street Address 661 Briggs St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 4		D 1 3		Y 0 5		Amount 75.00
Full Name of Contributor Jason Pauline						Registration Number, if PAC						
Street Address 5548 Deerborn Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Mentor		State O H		Zip Code 44060		M 0 3		D 2 8		Y 0 5		Amount 100.00
Full Name of Contributor Jerry Jordan						Registration Number, if PAC						
Street Address 795 Old Woods Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43235		M 0 3		D 3 0		Y 0 5		Amount 200.00
Full Name of Contributor Frank Lazar						Registration Number, if PAC						
Street Address 580 E. Town St. Apt. 135			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 0 4		D 0 3		Y 0 5		Amount 100.00
Full Name of Contributor Jessica Fenell						Registration Number, if PAC						
Street Address 8155 Wedgewood Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Chesterland		State O H		Zip Code 44026		M 0 3		D 1 3		Y 0 5		Amount 50.00
Full Name of Contributor Jeffrey Brannon						Registration Number, if PAC						
Street Address 1949 W. Cortland St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Chicago		State I L		Zip Code 60622		M 0 3		D 1 7		Y 0 5		Amount 50.00
Full Name of Contributor Larry Lokai						Registration Number, if PAC						
Street Address 793 Terry Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Urbana		State O H		Zip Code 43078		M 0 3		D 1 5		Y 0 5		Amount 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 620.00