

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Paini for Trustee							
Full Name of Contributor Anonymous (unknown cash received during Groveport event)						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M	D	Y	Amount 30.00	
			0	9	1	7	0
			9				
Full Name of Contributor Shannon Black-Dotson						Registration Number, if PAC	
Street Address 5251 Knight St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0	D 9	Y 1	Amount 20.00	
			9				
			7				
Full Name of Contributor Posemary Paini						Registration Number, if PAC	
Street Address 530 First St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City New Lexington	State O H	Zip Code 43764	M 0	D 9	Y 1	Amount 50.00	
			9				
			7				
Full Name of Contributor Chuck Shipley						Registration Number, if PAC	
Street Address 2295 Township Rd 362 SE		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Junction City	State O H	Zip Code 43748	M 0	D 9	Y 1	Amount 15.00	
			9				
			7				
Full Name of Contributor Joe Abbott						Registration Number, if PAC	
Street Address 59 W Columbus St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Online	
City Canal Winchester	State O H	Zip Code 43110	M 0	D 9	Y 1	Amount 100.00	
			9				
			7				
Full Name of Contributor Michaela Brunner						Registration Number, if PAC	
Street Address 2450 Linbaugh Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Online	
City Grove City	State O H	Zip Code 43123	M 0	D 9	Y 1	Amount 25.00	
			9				
			8				
Full Name of Contributor Carl Heister						Registration Number, if PAC	
Street Address 1084 Amanda Norther Rd NW		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0	D 9	Y 1	Amount 10.00	
			9				
			8				
Full Name of Contributor James Moses						Registration Number, if PAC	
Street Address 144 E Columbus St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0	D 9	Y 1	Amount 50.00	
			9				
			9				

* 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 \$ 300.00