

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 Robert F. Klaffky						Registration Number, if PAC	
Street Address 41 S. High Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 1	Y 1	Amount \$20.00
Full Name of Contributor Isaac K. Wu						Registration Number, if PAC	
Street Address 153 E. 14th Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201	M 1	D 1	Y 0	Amount \$40.00
Full Name of Contributor James Hess						Registration Number, if PAC	
Street Address 6201 Heritage Lakes Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43206	M 1	D 1	Y 0	Amount \$50.00
Full Name of Contributor Jack Ruscilli						Registration Number, if PAC	
Street Address 1957 Lake Shore Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43204	M 1	D 0	Y 3	Amount \$100.00
Full Name of Contributor Tom Davis						Registration Number, if PAC	
Street Address 1 Miranova Pl Apt 2400			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor William Brownson						Registration Number, if PAC	
Street Address 328 West 6th Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43201	M 1	D 1	Y 0	Amount \$250.00
Full Name of Contributor Gregory Zanetos						Registration Number, if PAC	
Street Address 76 Buttes Ave			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor George Kontoglannis						Registration Number, if PAC	
Street Address 400 South Fifth Street Suite 400			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$500.00

* 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 **\$2,190.00**