

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			
<b>Paini for Trustee</b>			
Full Name of Contributor <b>Victor Paini</b>	Employer, Occupation, Labor Organization * <b>Burcham Shirt Design</b>	Registration Number, if PAC	
Street Address <b>7296 Porter Dr</b>	Description of Item or Service <b>Retire Debt</b>	M   D   Y	Fair Market Value <b>231.00</b>
City <b>Canal Winchester</b>	State   Zip Code <b>O   H   43110</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Victor Paini</b>	Employer, Occupation, Labor Organization * <b>Stenger Creative Inc.</b>	Registration Number, if PAC	
Street Address <b>7296 Porter Dr</b>	Description of Item or Service <b>Retire Debt</b>	M   D   Y	Fair Market Value <b>627.61</b>
City <b>Canal Winchester</b>	State   Zip Code <b>O   H   43110</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Victor Paini</b>	Employer, Occupation, Labor Organization * <b>Kevin Rearick</b>	Registration Number, if PAC	
Street Address <b>7296 Porter Dr</b>	Description of Item or Service <b>Retire Debt</b>	M   D   Y	Fair Market Value <b>485.00</b>
City <b>Canal Winchester</b>	State   Zip Code <b>O   H   43110</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Victor Paini</b>	Employer, Occupation, Labor Organization * <b>Kevin Rearick</b>	Registration Number, if PAC	
Street Address <b>7296 Porter Dr</b>	Description of Item or Service <b>Forgive Debt (King)</b>	M   D   Y	Fair Market Value <b>4,754.02</b>
City <b>Canal Winchester</b>	State   Zip Code <b>O   H   43110</b>	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)]