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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

	·-	Registration Number, if P.	AC	
Employer/Occupation/Labor Organization ORGANIZATION		Form (Cash, Check, etc.) CHECK		
State OH	Zip Code 43068	M D Y 5	Amount \$500.00	
		Registration Number, if P.		
	ORGANIZATION		Form (Cash, Check, etc.) CHECK	
State OH	Zip Code 43068	0 5 0 6 1 5	Amount \$400.00	
		Registration Number, if P.	AC	
Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)	
State OH	Zip Code	M D Y	Amount	
•		Registration Number, if P	AC	
Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)	
State OH	Zip Code	M D Y	Amount	
Full Name of Contributor				
Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)	
State OH	Zip Code	M D Y	Amount	
Full Name of Contributor				
Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)	
State OH	Zip Code	M D Y	Amount	
<u>. 1 - 2</u>	- ! .	Registration Number, if P	AC	
Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)	
State OH	Zip Code	MDY	Amount	
		Registration Number, if P	AC	
Employer/Occup	pation/Labor Organization		Form (Cash, Check, etc.)	
State	Zip Code	M D Y	Amount	
	Employer/Occup ORGANIZ State OH Employer/Occup	Employer/Occupation/Labor Organization ORGANIZATION State Zip Code OH 43068 Employer/Occupation/Labor Organization ORGANIZATION State Zip Code OH 43068 Employer/Occupation/Labor Organization State Zip Code OH Zip Code Chyproceupation/Labor Organization State Zip Code OH Zip Code Employer/Occupation/Labor Organization State Zip Code OH Zip Code	Employer/Occupation/Labor Organization ORGANIZATION State Zip Code OH 43068 O 2 D 4 1 5 Registration Number, if P Employer/Occupation/Labor Organization State Zip Code OH 43068 O 5 D 6 1 5 Registration Number, if P Employer/Occupation/Labor Organization State Zip Code OH Registration Number, if P Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization State Zip Code M D Y Registration Number, if P Employer/Occupation/Labor Organization State Zip Code M D Y Registration Number, if P Employer/Occupation/Labor Organization State Zip Code M D Y Registration Number, if P Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization State Zip Code M D Y Registration Number, if F Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization	

Page Total \$900.00

^{*} 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)]