Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full					
MAS FOR JUNGE CO	INNITT	TE F			
and France of Contribution	Controller			Registration Number, if PAC	
Street Address					
1655 GABUES G.	Employer/Occ	apation/Labor Organization		Form (Cash, Check, etc.	
City	State	Zip Code	M D V	Amount	
COUMBUS	OH	43235	07200	7 250,00	
FUNDENCE H. KARPO	Registration Number, i				
Delega Marie 22	Employer/Occ	upation/Labor Organization		F . (6)	
984 KARL ST.			Form (Cash, Check, etc.)		
City COUMBUS Full Name of Contributor	Stake OH	2ip Code 43227	MODY	Amount	
Full Name of Contributor		4366/	Registration Number, if	7 35.00	
E. DARREN MCNEA.	<u></u>		registation natioes, it	rac	
330 S. HIGH ST.	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
Ony _	State	Zip Code	M D V	Amount	
(DUMBUS Full Name of Contributor	ОН	43215	08010	75.00	
Joan Marie Smith			Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization®		Form (Cash, Check, etc.)	
city 1341 B = towns Ln	State	12:- C-1		Chech	
Delaware	OH	Zip Code +3015	053107	Amount CV	
Full Name of Contributor			Registration Number, if		
Street Address ARM PUJay	Funiover/Occur	pation/Labor Organization*			
7526 Heather wood Ln	p.oya./0000p	pandibeader Organization		Form (Cash, Check, etc.) Cho Ch	
Dublin	State OH	Zip Code	M D Y	Amount / OO Xx	
Full Name of Contributor	1011	43017	072507		
Macy Allen Yankin Registration Number, if PAC irred Address					
495 S. High St 250	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D V	Check	
Cull Name of Contributor	ОН		072507	Amount OX X	
Bill cast			Registration Number, if P	AC	
street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)	
78 w. Hubband				Chech	
Cols	State OH	Zip Code 43215	082007	Amount 50 %	
ull Name of Contributor		1 .11.)0-1.3	Registration Number, if P.		
Bill Hedrick treet Address					
838 Thurber Dr. W. # 22	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
ity	State	Zip Code	M D Y	Check Amount my	
Cols	ОН	43215	082007	Amount 100 Kg	

Page Total \$0.00

^{*} 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)]