31-A R.C. 3517.10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full MC TUTOSH FOR | JUDGE | | | • | | | |
|--|---------------|---|-----------------------------|-----------------------------|--------------------------|--------------------------|--|
| Full Name of Contributor | | | Registrat | ion Num | ber, if PA | AC . | |
| Street Address | Employer/Occu | | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D _i | Y | Amount | |
| ull Name of Contributor | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State OH | Zip Code | M | [) | Y | Amount | |
| Ill Name of Contributor | | | | Registration Number, if PAC | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | Registra | tion Nun | nber, if Pa | 40 | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | | | |
| City | State OH | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Street Address | Employer/Occi | ipation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M: | ש | Y | Amount | |
| Full Name of Contributor Registration N | | | | | nber, if P | AC | |
| Street Address | Employer/Occi | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | М | D | Y | Amount | |
| Full Name of Contributor Registration Number, it | | | | | nber, it P | AC | |
| Street Address | Employer/Occu | Employer/Occupation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | D | Y | Amount | |

* 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 \$0.00