31-A R.C. 3517.10

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## **Statement of Contributions Received**

Prescribed by Secretary of State 8/95

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Name of Constitute in Full Lake of Constitute in Full Lake of Constitution of	D.	Air	Lical 423	PA		Tur	d
Balland Stillner		7		Registi	ation Nu	mber, if $9/6$	2 2
Street Address 3929 (Loverdale Rd.	Employe	r/Occupat	kn/Labor Organization*		and the second second second second		Form (Cash/Check, etc.)
medway	O <sup>3</sup>	te H	Zip Code 341	)/d	D		15,00
Full Name of Contributor				Regist	ation Nu	mber, if	PAC
Street Address	Employe	r/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount
Full Name of Contributor	4	1		Regist	ration Nu	mber, if	PAC .
Street Address	Employe	r/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y	Amount
Full Name of Contributor				Regist	ration Nu	mber, if	PAC
Street Address	Employe	er/Occupa	tion/Labor Organization*	Lennan	5,		Form (Cash, Check, etc.)
City	Sta	ute .	Zip Code	M	D	Y	Amount
Full Name of Contributor		1		Regist	ration N	imber, if	PAC
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	ite	Zip Code	M	D	Y	Amount
Full Name of Contributor	1			Regist	ration N	imber, if	PAC
Street Address	Employe	er/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	М	D	Y	Amount
Full Name of Contributor				Regis	ration N	ımber, if	PAC
Street Address	Employe	er/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
City	Sta	ate	Zip Code	M	D	Y	Amount
	1	J					J

Page Total \$ 25.00

<sup>\*</sup>Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate 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)