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R.C.	351	7.10

Statement of Contributions Received

Page	1_

Prescribed by Secretary of State 03/05

'		Registration Number, if	PAC
Employer/Occu	pation/Labor Organization®		Form (Cash, Check, etc.
State	Zip Code 43054	14301	Amount
		Registration Number, if	
Employer/Occuj	pation/Labor Organization*	L	Form (Cash, Check, etc.)
State	Zip Code 43050	0427/2	Amount 100.00
	1 . 70 70	Registration Number, if I	
Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
State	Zip Code 42054	M 4 10 17	Amount 75,00
	1,70,71	Registration Number, if P	
Employer/Occup	nation/Labor Organization		Form (Cash, Check, etc.)
State OH	Zip Code 4377.0	MU 27 17	Amount
	17100	Registration Number, if P	
Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
State	2ip Code 43054	Mu 2/17	Amount 75,00
	7 7037	Registration Number, if P.	
Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
State O/f	Zip Code 432/5	M4 /8 /2	Check Amount 50.00
	1000	Registration Number, if P/	AC
Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
State	Zip Code 43054	M4 25 13	Amount 100.00
1 011	1 / / / /	Registration Number, if PA	
Employer/Occupa	stion/Labor Organization		Form (Cash, Check, etc.)
State OH	Zip Code 43215	042413	Amount 75.00
	Employer/Occupa Employer/Occupa State OH Employer/Occupa	Employer/Occupation/Labor Organization* State Zip Code 43054 Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization State Zip Code

^{*} 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)]