## **Statement of Contributions Received**

Page 2

Prescribed by Secretary of State 03/0:

	Registration Number, if	PAC
Employer/Occupation/Labor Organization		Form (Cresh, Check, etc.)
Sub: Zip Code	M D Y	Arrows \$3,342.00
	Registration Number, if I	_B
Employer/Occupation/Labor Organization*		Ponn (Cash, Check, etc.)
State Zip Code	M D Y	Amount
	Registration Number, if I	AC .
Employer/Occapation/Labor Organization	<u> </u>	Form (Cash, Check, etc.)
State Zip Code	MPY	Amount
10:01	Registration Number, if P	AC
Employer/Occupation/Labor Occupation*	<u> </u>	Form (Cash, Check, etc.)
Sapt=   Zap Code OH   ▼	MPP	Amount
J On Ear	Registration Number, if P	AC .
Employer/Occupation/Labor Organization	<u> </u>	Forte (Cash, Check, etc.)
State Zip Code:	M D Y	Amount
	Registration Number, if P	AC .
timpleyer/Occupation/Labor Organization		Form (Cash, Check, etc.)
State Zip Code	MDY	Amount
1	Registration Number, if P	AC .
Employer/Occupation/Labor Organization*	<u></u>	Forms (Caraba, Checka, car.)
State Zap Code OH 🕶	MPY	Amount
	Registration Number, if Pr	AC .
Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
State: Zip Code: OH 🔽	M D Y	Алюша
	Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization  Employer/Occupation/Labor Organization  Employer/Occupation/Labor Organization  Employer/Occupation/Labor Organization  State OH

Page Total \$3,342.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assumbly 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)]