

FOR PAPER FILING ONLY

Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full AYRES FOR COLUMBUS									
Full Name of Contributor SEE ATTACHED SPREAD SHEET									
Street Address		Employer/Occupation/Labor Organization*			Registration Number, if PAC			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount			
Full Name of Contributor									
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City	State OH	Zip Code	M	D	Y	Amount			
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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 \$ _____