# 18,859.94

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

				-			
		Registra	tion Numl	per, if PA	C		
			***************************************				
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
			,				
State	•	М	1		Amount	<b>2</b> - 00	
O H	43206		2 6	0   8		25.00	
		Registra	tion Numl	oer, if PA	С		
Employer/Occup	oation/Labor Organization*						
					On-Line	9	
State	Zip Code	M	D		Amount		
OH	43215					50.00	
		Registra	tion Num	ber, if PA	С		
				***************************************			
Employer/Occup	oation/Labor Organization*					eck, etc.)	
Paralegal - Self				Check			
State	Zip Code	М	D		Amount		
OH	43065	0 5	2 8	0 8		100.00	
		Registra	tion Num	ber, if PA	C		
						and the second second second second	
Employer/Occupation/Labor Organization*				ieck, etc.)			
Attorney - Wiles, Boyle				Check			
State	Zip Code	М	D	Y	Amount		
OH	43221	0 5	2 8	0 8		500.00	
		Registra	tion Num	ber, if PA	.C		
Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Ohio Dept of Health - Trainer					Check		
State	Zip Code	М	D	Y	Amount		
OH	43035	0 5	3 0	0 8		100.00	
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
Attorney - Self				Check			
State	Zip Code	M	D	Y	Amount		
OH	43212	0 6	2 4	0 8		500.00	
Employer/Occupation/Labor Organization*				neck, etc.)			
			Check				
State	Zip Code	М	D	Y	Amount		
OH	43065					50.00	
		Registra			\C		
Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
			Check				
State	Zip Code	М	D	Y	Amount		
OH	43213	0 7	2 1	0 8		50.00	
	State O H  Employer/Occup Paralega State O H  Employer/Occup Attorne State O H  Employer/Occup Attorne State O H  Employer/Occup Ohio De State O H  Employer/Occup Ohio De State O H  Employer/Occup Attorne State O H  Employer/Occup Attorne State O H  Employer/Occup	State O H 43206    Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*  State Zip Code O H 43206 O 5 Registra  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*  Paralegal - Self State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Paralegal - Self State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Attorney - Wiles, Boyle  State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Ohio Dept of Health - Trainer  State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Ohio Dept of Health - Trainer  State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Attorney - Self  State Zip Code M O 5 Registra  Employer/Occupation/Labor Organization*  Attorney - Self  State Zip Code M O 6 Registra  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization*	State	State	State	

\* 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 appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 1,375.00