## Statement of Contributions Received

Prescribed by Secretary of State 03/05				
Name of Committee in Full				
MISS FOR VIDE CON	WITTE		Registration Number, if PA	C
Full Name of Contributor				Form (Cash, Check, etc.)
Street Address //	Employer/Occupa	tion/Labor Organization*		CHECK OUT
6381 HARRIOTT RO.	· ·	Zip Code	M D Y	Amount
City	State OH	43065	103007	5000
Power		1/0000	Registration Number, if P.	AC
War of Contributor  Ya i Sci La Klamer				Form (Cash, Check, etc.)
Street Address	Employer/Occupa	ation/Labor Organization		CHECK
991 GRENFORD OR.	State	Zip Code	M D Y	Amount 300
City Carlot A D B 1 15	ОН	43220	102707	00 -
Full Name of Contributor			Registration Number, if F	AC
Toxi CyARK	T=	ti-// shor Organization*		Form (Cash, Check, etc.)
Street Address		nation/Labor Organization*		CHECK
233 S. High ST. 3PDF1	State	Zip Code	M D Y	Amount
COUMBUS	ОН	43215	Registration Number, if	700
Full Name of Contributor			reognisation	
N. LEE HOMPSON	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
Street Address F. GAY ST. SUTTE 810	7 Employon Seed			CHT=CK
City	State	Zip Code	MDY	1 10000
( DWMBUS	OH	402K	Registration Number, if	
Full Name of Contributor	)			
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
4740 HAJOEN KUN KO	)		M D Y	Amount
City	State OH	Zip Code 43221	11/040	7 10000
COUMBUS	013	7020	Registration Number, is	FPAC
Full Name of Contributor  SCHANELY				Form (Cash, Check, etc.
Street Address	Employer/Occ	upation/Labor Organization*		CHIECK
P.O. 60x 26601	State	Zip Code	M D Y	Amount
City	OH	43226	11020	75000
Full Name of Contributor			Registration Number, i	f PAC
SIKAL) OPTOMAN (YOEKS	16-			Form (Cash, Check, etc
Street Address	Employer/Occ	cupation/Labor Organization*		CAMECK
1339 HSHLAM INE.	State	Zip Code	M D Y	Amount
COUMBUS	ОН	43212	11060	7 10000
Full Name of Contributor	, 1	20.0	Registration Number,	
BRICKER + ECKYER )	DATE 1	AC	UH86	Form (Cash, Check, etc.
Street Address	Employer/Oc	cupation/Labor Organization*		CHECK
100 0, 141140 st.	State	Zip Code	MD	Amount
COWMBUS	OH	43215	11/05/0	115000
COCOTTOUS			the occ	cupation and the name of t

<sup>\*</sup> 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 \$0.00