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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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		In anietes	rion Num	har if Da				
Full Name of Contributor Transfer from 31-E Seventh Son					ACESHARON POINTER, II FAC			
Employer/Occupation/Labor Organization*		<u> </u>			Form (Cash, Check, etc.)			
			•					
State	Zip Code	м 0 8	D 1 8	Y 1 4	Amount 7,330.00			
Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	M	D	Y	Amount			
<u> </u>		Registra	tion Num	ber, if PA	.c			
Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	М	Đ	Ý	Amount			
Name of Contributor Registration Number, if P.								
Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	М	D	Y	Amount			
Full Name of Contributor					Registration Number, if PAC			
Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	M	Ď	Y	Amount			
Full Name of Contributor Registration Number, if Pa								
Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration Number								
Employer/Occup				Form (Cash, Check, etc.)				
State	Zip Code	М	D	Y	Amount			
Full Name of Contributor Registration Number, if PA								
Employer:Occupation/Labor Organization*				Form (Cash, Check, etc.)				
State	Zip Code	М	D	Y	Amount			
	Employer/Occup State Employer/Occup State Employer/Occup State Employer/Occup State Employer/Occup State	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M Registra Employer/Occupation/Labor Organization* State Zip Code M Registrat Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization*	State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PA Employer/Occupation/Labor Organization*			

Page Total S ______ 7,330.00

^{*} 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)]