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Statement of Contributions Received

Prescribed by Secretary of State 3/05

		Regist	ation N	umbe	r. if P.	АC				
Employer/Occup	•					Form (Cash, Check, etc.)				
State	Zip Code	М	D		Y		Amount 21255			
Full Name of Contributor					Registration Number, if PAC					
Employer/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)			
State	Zip Code	М	D		Y		Amount			
		Registration Number, if PAC				AC	<u> </u>			
Employer/Occup	ation/Labor Organization×						Form (Cash, Check, etc.)			
State	Zip Code	М	D		Y		Ámount			
		Registration Number, if PAC				AС				
Employer/Occup	ation/Labor Organization*	-					Form (Cash, Check, etc.)			
State	Zip Code	M	D		Y		Amount			
Full Name of Contributor					Registration Number, if PAC					
Employer/Occup	ation/Labor Organization*	ation×				Form (Cash, Check, etc.)				
State	Zīp Code	М	D		Y		Amount			
Full Name of Contributor					Registration Number, if PAC					
Employer/Occupation/Labor Organization×						Form (Cash, Check, etc.)				
State	Zip Code	М	D		Y		Amount			
Ill Name of Contributor				Registration Number, if PAC						
Employer/Occup	ation/Labor Organization*						Form (Cash, Check, etc.)			
State	Zip Code	М	D		Y		Amount			
Registration Num				mber	, if P.A	C				
Employer/Occupa	ation/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	Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M Employer/Occupation/Labor Organization* State Zip Code M Registr Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M D Registration N Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization* State Zip Code M D Registration Ni Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization* State Zip Code M D Registration Number Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, it P. Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if PAC Employer/Occupation/Labor Organization*			

* 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 \$ 21,255.00