## Post. gen amended

31-A R.C. 3517,10

City

## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05 Name of Committee in Full Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization Street Addre Employer/Occupation/Labor Organization City Zip Code 04 430) Employer/Occupation/Labor Organization orm (Cash, Check, etc.) State Zip Code ОН Full Name of Contribut Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization Zip Code City State Amount Full Name of Contributor Registration Number, if PAC Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization® City State Zip Code Amount Registration Number, if PAC Full Name of Contributor Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization Zip Code Amount City Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.) City State Zip Code Amount Registration Number, if PAC Full Name of Contributor Street Address Form (Cash, Check, etc.) Employer/Occupation/Labor Organization

State

Zip Code

250.00

Amount

<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)]