

FOR PAPER FILING ONLY

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Documentation has been ordered due to negligence of Treasurer						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH	Zip Code		M 0	D 1	Y 1
					0	0	6
Amount						\$1,250.00	

Full Name of Contributor							
Street Address						Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		State OH	Zip Code		M	D	Y
Amount							

Full Name of Contributor							
Street Address						Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		State OH	Zip Code		M	D	Y
Amount							

Full Name of Contributor							
Street Address						Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		State OH	Zip Code		M	D	Y
Amount							

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Street Address						Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		State OH	Zip Code		M	D	Y
Amount							

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		State OH	Zip Code		M	D	Y
Amount							

Full Name of Contributor							
Street Address						Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
		State OH	Zip Code		M	D	Y
Amount							

* 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 **\$1,250.00**