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Statement of Contributions Received

Prescribed by Secretary of State 3/05

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ich Cumpu	ign Continuitee						
Full Name of Contributor See attached sheet #1				Registration Number, if PAC			
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Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	М	D	Y	Amount 705.00		
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Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
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Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
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<u>- L</u>		Registration Number, if PAC					
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
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Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
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Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
State	Zip Code	М	D	Y	Amount		
ull Name of Contributor Registration Number, if F					4C		
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
State	Zip Code	M	D	Y	Amount		
Full Name of Contributor Registration Number, if P					NC C		
reet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
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State	Zip Code	М	D	Y	Amount		
	Employer/Occu State Employer/Occu	Employer/Occupation/Labor Organization* State	Employer/Occupation/Labor Organization* State Zip Code M	Employer/Occupation/Labor Organization*	Registration Number, if Pz		

* 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 \$	705.00