Statement of Contributions Received

Prescribed by Secretary of State 3/05

Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
ode M D Y Amount		
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Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
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Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
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Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
Check		
Ode M D Y Amount 30.00		
Registration Number, if PAC		
.abor Organization* Form (Cash, Check, etc.)		
abor Organization* Form (Cash, Check, etc.) Check		
Code M D Y Amount		
0 8 2 6 0 8 10.00		
Registration Number, if PAC		
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abor Organization* Form (Cash, Check, etc.)		
Check		
Code M D Y Amount		
3209 0 8 2 7 0 8 50.00		
Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
On-Line		
Code M D Y Amount		
3017 0 9 2 4 0 8 25.00		
Registration Number, if PAC		
abor Organization* Form (Cash, Check, etc.)		
Check		
Code M D Y Amount		
3215 0 9 2 4 0 8 2,000.00		

Page Total \$ 2,115.00

^{*} 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)]