Statement of Contributions Received



Prescribed by Secretary of State 03/05

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Name of Committee in Full						
Pull Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City C 1	State OH	Zip Code	M	D	Y C	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
City	State OH	Zip Code	M	P	Y	Amount
Full Name of Contributor	Registration Number, if PAC					AC
Street Address 17950 Strate Rocks 104 City	Employer/Occupat				Form (Cash, Check, etc.)	
City CIRCLE VILLE	State OH	Zip Code	M S S	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/Occupat	ion/Labor Organization [*]	<u> </u>			Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupat	ion/Labor Organization [*]	- Marian and a second			Form (Cash, Check, etc.)
City	State OH	Zip Code	М	D	Y	Amount
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupat	Form (Cash, Check, etc.)				
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupat	Form (Cash, Check, etc.)				
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if PAC						
Street Address	Employer/Occupat	ion/Labor Organization ^{**}	-Consession and the consession a			Form (Cash, Check, etc.)
City	State OH	Zip Code	M	D	Y	Amount

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^{*} 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)]