Page	2
٠.	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

							7	
Full Name of Contributor				Registration Number, if PAC				
							1	
Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
State	Zip Code	I M	D	ΤΥ	Amount		ł	
						740 00	L	
		Registra	tion Nun	nber, if P	PAC	7 10.00	1	
/25 Mike O'Gra	dy Event)			•			ı	
					Form (Cash, C	heck, etc.)	1	
' '	,						l	
State	Zip Code	М	D	Y	Amount		1	
				1		1.585.00	I,	
- t	<u> </u>			Registration Number, if PAC				
27 Parrett Ever	nt)	1						
						Form (Cash, Check, etc.)		
State	Zip Code	M	D	Y	Amount		1	
						570.00	à	
		Registra	tion Nun	nber, if P	AC		1	
27 Dempsev E	vent)						ı	
					Form (Cash, C	heck, etc.)	1	
		•					L	
State	Zip Code	М	D	Y	Amount		1	
						1,625.00	3	
		Registra	tion Nun	nber, if P	AC	<u> </u>	1	
/28 Moran Eve	nt)	i						
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		1	
State	Zip Code	М	D	Y	Amount		1	
						1,140.00	V	
		Registra	tion Nun	nber, if P	AC		1	
/29 Raphael)								
Employer/Occi	upation/Labor Organization*	Form (Cash, Check, etc.)				l		
							1	
State	Zip Code	M ₁	D	Y	Amount	4 460 00	ı	
					<u></u>	1,460.00	ŀ	
/0.T		Registra	tion Nun	nber, if P	AC		ı	
					In (0.1.6		l	
Employer/Occi	ipation/Labor Organization*				Form (Cash, C	heck, etc.)		
State	Zip Code	M	D	ΙΥ	Amount		ł	
			1		1	405.00	IJ	
<u>-</u>	<u> </u>	Registra	tion Nun	nber, if P	AC	200.00	ľ	
14 St Pats Day)							
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
	, .,,							
State	Zip Code	М	D	Y	Amount		1	
			1			2,515.00	V	
	State 25 Mike O'Gra Employer/Occi State 27 Parrett Ever Employer/Occi State 27 Dempsey E Employer/Occi State 28 Moran Ever Employer/Occi State 29 Raphael) Employer/Occi State 21 Logan Employer/Occi State 28 Moran Ever Employer/Occi State 29 Raphael Employer/Occi State 20 Logan Employer/Occi State 21 State 22 Logan Employer/Occi State 23 Employer/Occi State 24 St Pats Day Employer/Occi Employer/Occi State 25 Employer/Occi State 26 Employer/Occi State 27 Employer/Occi State 28 Employer/Occi State 29 Employer/Occi State 20 Employer/Occi State 21 Employer/Occi State 22 Employer/Occi State 23 Employer/Occi State 3 Employer/Occi State 4 Employer/Occi State 5 Employer/Occi 5 Employ	Employer/Occupation/Labor Organization* State	State Zip Code M Registra	State Zip Code M D	Employer/Occupation/Labor Organization* State	Employer/Occupation/Labor Organization* State Zip Code M D Y Amount Registration Number, if PAC State Zip Code M D Y Amount	State Zip Code M D Y Amount T,585.00	

Page Total \$ 10,040.00

^{*} 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)]