Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Full Name of Contributor	•		Registration Numb	per, if PAC
From 31-E				
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
Succi Addiess	Employenaccu	pation Davor Organization		2 0, (0 000, 0 0.00)
	ļ <u>.</u>	Ta: 0.1	11/ 15	V Amount
City	State	Zip Code	M D	Y Amount
				07 7,975.00
Full Name of Contributor			Registration Numb	per, if PAC
From 31-E				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y Amount
City			0823	
7 11 2 60 67 6				
Full Name of Contributor Registration Number, if PAC Registration Number, if PAC				
	Tn		<u> </u>	Francisco (Carlo Charles and)
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	MDD	Y Amount
			0191016	017 1,375,00
Full Name, of Contributor			Registration Numb	ber, if PAC
From 31-E				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
		-		
City	State	Zip Code	M D	Y Amount
City	1			67 475.00
E. Il Nama of Contributor				
Full Name of Contributor From 31-E Registration Number, if PAC				
	In 1 10			r (C. 1 Challan)
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Ma	Y Amount
			0923	るう
Full Name of Contributor Registration Number, if PAC				
From 31-E				
Street Address	Employer/Occu	pation/Labor Organization*	_ _	Form (Cash, Check, etc.)
City	State	Zip Code	MD	Y Amount
0.09		- F	0924	019 2,250,00
Full Name of Contributor			Registration Num	her if PAC
1			Trepocation Truin	,
F/0m 31- L	Emplemento:	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
	4		1,, 1 - "	
City	State	Zip Code	M D D	Y Amount
		<u> </u>		07 1,015,00
Full Name of Contributor Registration Number, if PAC				
From 31-E				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y Amount
	1 1	'	40 02	017 21925.00
				<u> </u>

* 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)]