

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Full Name of Contributor Tule Handle LIST Street Address 1075 Beenher Crossing N # C City	Gah	ann Schal	1		
ull Name of Contributor				Registration Number, if PAC	
Julie Handler, Clsh	uc	•			
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1075 Beecher Crossin N # C	Seil				
City 0 \	State	State Zip Code Date (MM/		DAYYY)	Amount
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Full Name of Contributor				Registration Numb	er, if PAC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor					er, if PAC
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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Street Address	Employer	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
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Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	Date (MM/D	D/YYYY)	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 aboverganization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total	\$ 500.00	
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