Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full						
Full Name of Contributor	ect 121	V.5 7				
Full Name of Contributor Street Address City Culvusus Full Name of Contributor	,			Registration Number, if PAC		
Street Address	<u>-n-</u>	<u> </u>				
	Employer/Occ	supation/Labor Organization*	• =			Form (Cash, Check, etc.
City 1260 1310AZV:YU 144	Change	Tar a ;	·······			(ቀ ነ ነ) .
201	State	Zip Code	М	D	Y	Amount
Full Name of Contributor	017	43319		19-	7 1	
7.2.			Regist	ration N	umber, if	PAC
Street Address	wran					
11 5 Carbon 1 5	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)
City レングロング	State	12:- 0:-1	 , , , .			Ch+ch.
		Zip Code	M	D	Y	
Full Name of Contributor	01+	43212	1		6 1	50.00
→ · · · · · · · · · · · · · · · · · · ·			Registration Number, if PAC			
Street Address 1477 m-1Ford Nd City	<u> </u>					
1472 5. / 4/	Employer/Occu	upation/Labor Organization				Form (Cash, Check, etc.)
City .	State	7:- C. /		, -,		() h ~
101		Zip Code	М	D	Y	1
Full Name of Contributor	017	13219	1 3			591-88
			Registr	ation Nu	mber, if	PAC
Street Address	1					
	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)
City	- Chada	12: 0.1				<u> </u>
·	State	Zip Code	M		Y	Amount
Full Name of Contributor						<u> </u>
			Registra	ation Nu	mber, if I	PAC
Street Address	<u></u>					
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	- C4-4-	[a: c .	··			<u> </u>
	State	Zip Code	M	D	Y	Amount .
Full Name of Contributor						
			Registra	tion Nu	nber, if I	AC
Street Address	T					
-	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	77. 0.1		т	T	
	State	Zip Code	M	D	Y	Amount
Full Name of Contributor						
			Registra	tion Nur	nber, if P	AC
Street Address	"Tax 4					
	Employer/Occup	pation/Labor Organization*			_	Form (Cash, Check, etc.)
City	 	la: ô				÷.
	State	Zip Code	M	D	Y	Amount
ruli Name of Contributor	<u></u>					
			Registra	tion Nun	ber, if P	AC
Street Address	T					
	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
Sity	C	7:- C-1	 ,	, ,,	,	
	State	Zîp Code	M	D _	Y	Amount
	1	1				

Page Total \$ 661. 48

^{*} 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)]