Statement of Contributions Received

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Prescribed by Secretary of State 03/05

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Name of Committee in Full Fourth for New Allocary Full Name of Contributor Registration Number, if PAC							
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	Contributor			Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*					
City	State	Zip Code	М	D	Υ	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
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l Name of Contributor				Registration Number, if PAC			
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City	State	Zip Code	M	D	Y	Amount	
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City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu		Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	Registration Number, if I				nber, if P/	AC " "	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	Đ	Y	Amount	

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)]