Page <u>1</u>

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-
	linton Township					
The Committee For A Better C	imion rownship		Registrat	ion Numi	her if P∆	С
			Ive Ersum	ion tame		
Paula K. Armentrout	[Employar/Opens	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	гафюуст СССЦ	ALION LAXO, Organization				Cash
2107 Radnor Ave	Ctorda	Izin Code	М	Ď	Y	Amount
City	State	Zip Code				
Columbus	OIH	43224	1 2	1 7	1 3 ber, if PA	100.00
Full Name of Contributor			Registrat	юц миш	uci, ii ra	ı.
Street Address	Employer/Occupation/Labor Organization*				,	Form (Cash, Check, etc.)
-	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registrat	3011 114111	OC1, 11 F A	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
Street Auditess	Imployerossa					,
City	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	ion Num	ber, if PA	ic
I the Name of Controllor						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City — — — — — — — — — — — — — — — — — — —	State	Zip Code	М	D	Y	Amount
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Full Name of Contributor			Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occupation/Labor Organization* Form (Cash,			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
chy		1	11	l 1		
Full Name of Comributor		_,\	Registra	tion Num	ber, if PA	AC
Street Address	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc.)	
Circ.	State	Zip Code	М	D	Y	Amount
City			1 1	1 1	ÌТ	
Full Name of Contributor			Registra	tion Num	ber, if P	AC .
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
	State	Zip Code	М	ΤD	Y	Amount
City		24		1 1	1	
Full Name of Contributor			Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
		_				<u> </u>
		didaga If contributor is calf.	laund the	oommatic	and the	name of the

* 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)]

Page Total \$	100.00_