

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

|   |  |                    |  |   |  |                                  |                             |                          |  |
|---|--|--------------------|--|---|--|----------------------------------|-----------------------------|--------------------------|--|
| Name of Committee in Full<br><b>SWEA - EPAC</b> |  |                    |  |   |  |                                  |                             |                          |  |
| Full Name of Contributor<br><b>OEA - FCPE</b>   |  |                    |  |   |  |                                  | Registration Number, if PAC |                          |  |
| Street Address<br><b>225 E Broad</b>            |  |                    |  | Employer/Occupation/Labor Organization* |  |                                  |                             | Form (Cash, Check, etc.) |  |
| City<br><b>Col</b>                              |  | State<br><b>OH</b> |  | Zip Code<br><b>43215</b>                |  | M   D   Y<br><b>10   05   09</b> |                             | Amount<br><b>3147.55</b> |  |
| 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                        |  |                    |  |   |  |                                  | 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                        |  |                    |  |   |  |                                  | 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                        |  |                    |  |   |  |                                  | 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                        |  |                    |  |   |  |                                  | 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                        |  |                    |  |   |  |                                  | Registration Number, if PAC |                          |  |
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| City  |  | State              |  | Zip Code                                |  | M   D   Y                        |                             | Amount                   |  |
| 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                   |  |

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

Page Total \$ **3147.55**