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R.C	3, 35	17.	10

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

	Market Managalisa (Salata Market Managara)			en a construction de la construc		ocaconomic and a contract of the contract of t		
Name of Committee in Full Jeff Miller for Commissioner	ACTALINATION OF THE PARTY OF TH	A CONTRACTOR OF THE PROPERTY O		<u> </u>				
Full Name of Contributor See attached substitute statement			Regist	tration N	√umbe	r, if PA	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			***************************************		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount \$14,770.00	
Full Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occu	upation/Labor Organization*	ion/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount	
Full Name of Contributor	and the second s	Registration Number, if PAC						
Street Address	Employer/Occu	ıpation/Labor Organization*	Fo				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount .	
Full Name of Contributor Registration Number, if PAC						₹C		
Street Address	Employer/Occu	ipation/Labor Organization*	<u> </u>	Form (Cash, Chec			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount	
Full Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D		Y	Amount	
Full Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization*					Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount	
Full Name of Contributor			Regist	Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D		Y	Amount	
Full Name of Contributor	construence and the constr		Regist	ration N	umbe	r, if PA	\C	
Street Address	Employer/Occu	pation/Labor Organization*			(consyster/jp/esine		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D		Y	Amount	

Page Total \$14,770.00

^{*} 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)]