Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor	- / -	1 1	Registration Number, if P	PAC
COUTVIBUTIOUS FROM FORM Street Address	31-E	- 6/14/07 EXENT		(2 1 Ol all at
succe radios	Employer/Occupa	ation/Labor Ofganization		Form (Cash, Check, etc.
City	State	Zip Code	MDY	Amount
	ОН		06140	1410,00
Full Name of Contributor	7: -	1.1 -	Registration Number, if P.	
CONTRIBUTIONS FROM FORM	131-E -	- 7/14/07 FileNt		Form (Cash, Check, etc.
	Employer	ation/Labor Organization		FOIII (Cabii, Circon, see.,
City	State	Zip Code	MDY	Amount
Full Name of Contributor	ОН		071407	1/955,00
	1-1= - 8	halm Elen	Registration Number, if Pa	AC
CONTRIBUTIONS FROM FORM 31 Street Address	Employer/Occup	fation Labor Organization*		Form (Cash, Check, etc.)
			· · ·	
City	State OH	Zip Code	MODOY	Amount
Full Name of Contributor			Registration Number, if PA	335.W
CONTRIBUTIONS FROM FORM &	31-E-8	Planton Fran	10gionumon	AC
Street Address	Employer/Occupa	ation/Labor Organization		Form (Cash, Check, etc.)
City	State	Zip Code	T. J. T. T. T. W.	
City	OH	Zip Code	MOZDOT	Amount / 1/55.00
Full Name of Contributor		-11	Registration Number, if PA	
CONTRIBUTIONS FROM FORM	31-E	9/27/07 EVEM		
Street Address	Employer/Occupat	ation/Labor Organization	,	Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	Amount
	ОН		092707	985,00
Full Name of Contributor	210		Registration Number, if PA	
COUTRIBUTIONS FROM FORM Street Address			<u> </u>	To the Charle ato
1	Employer/Occupat	ion/Labor Organization	<i>!</i>	Form (Cash, Check, etc.)
City	State	Zip Code	MDY	Amount
Full Name of Contributor	ОН		101207	720.00
_	21 22	1-1 /- En.	Registration Number, if PA	
CONTRIBUTIONS FROM FORM		10/16/07 EVELT		Form (Cash, Check, etc.)
	Diapos	10th Lavor Organization	,	Point (Cuon, Care,
City	State	Zip Code	M D Y	Amount
Full Name of Contributor	ОН		10/607	1060,00
CONTRIBUTIONS FROM FORM	31F /	0/19/07 EVENT	Registration Number, if PA	.C
Street Address		tion/Labor Organization*		Form (Cash, Check, etc.)
City	L			
lity	State OH	Zip Code	M D Y	Amount 765.00
	, 0.,	1	1	1 /655,00

Page Total Sales of

^{*} 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)]