

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Lynn M. Stewart</i>													
Full Name of Contributor <i>Lynn M. Stewart</i>							Registration Number, if PAC						
Street Address <i>561 Laurel Ridge Dr.</i>				Employer/Occupation/Labor Organization* <i>Retired</i>			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City <i>Columbus Ohio</i>		State <i>OH</i>		Zip Code <i>43230</i>		M <i>10</i>		D <i>06</i>		Y <i>09</i>		Amount <i>8.54</i>	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M <i>11</i>		D <i>09</i>		Y <i>09</i>		Amount <i>13.82</i>	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City <i>Same as above</i>		State <i>OH</i>		Zip Code		M <i>11</i>		D <i>12</i>		Y <i>09</i>		Amount <i>8.80</i>	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <input checked="" type="checkbox"/>						
City		State <i>OH</i>		Zip Code		M		D		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)]