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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Barrows for Judge					1 'CD'		
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC .	
See Attatched Spreadsheet	Ir 1 /0	d'a falan Orania tina			ichalikitaran makamatan	Form (Cash, Check, etc.)	
Street Address	Employer/Occ	upation/Labor Organization*				rom (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1,850.00	
Full Name of Contributor			Registr	ation Nun	ber, if PA	AC	
Contributions from form 31-E							
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
•	1700		0 4	2 6	0 9	5,550.00	
Full Name of Contributor			SCHOOL SCHOOL STANDARD	ation Nun			
Street Address	et Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Succe Address	Employen				, , , , , , , , , , , , , , , , , , , ,		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	nber, if P	AC ·	
				(30,000,000,000,000,000,000,000,000,000,			
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zíp Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ration Nur	nber, if Pa	AC	
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				<u> </u>	1 100		
Full Name of Contributor			Registr	ration Nur	nber, ii Pa	AC	
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
City		Zip code	"			z intodite	
Full Name of Contributor			Registr	ration Nur	nber, if Pa	AC	
annual de la constant	To 1 40	upation/Labor Organization*					
Street Address	Employer/Occ				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ration Nur	nber, if Pa	AC	
Street Address	Employer/Occupation/Labor Organization*				Sticiliza antonomy con	Form (Cash, Check, etc.)	
				-			
City	State	Zip Code	М	D	Y	Amount	
1 C	4 4 1 b.l	3: 4-4 Y.C 1C			4 *	0.1	

* 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 \$ 7,400.00