31	-A		
R.C	. 35	17.	10

Statement of Contributions Received

-,	
	14.
	*
2	
Page 2	

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Cortex Bogard						
Full Name of Contributor	The second secon		Regis	ration Nu	unber, if	PAC
Barrington Arthurs						
Street Address	Employer/O	ocupation/Labor Organization		***************************************		Form (Cash, Check, e
199 South 5th St	Ohio H	ealth				Check
City Columbus	State	Zip Code	M	D	Y	Amount
	OH		02	2 2	1 2	\$300.00
Full Name of Contributor		1		ation Nu	nber, if I	AC
Street Address	Employer/Oc	cupation/Labor Organization*		<u>.</u>		Form (Cash, Check, et
		•				, .,,
City	State	Zip Code	M	Di	ΙV	Amount
	OH					, maxin
Full Name of Contributor		1	Registr	ation Nun	nber, if P.	AC
Street Address		;				
Succi Address	Employer/Occ	cupation/Labor Organization	· · · · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc
City	State	12: 0 1				
_	OH	Zip Code	M	D	Y	Amount
Full Name of Contributor						
		•	Kegisira	tion Num	ber, if PA	AC
itreet Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.
ay						
.ay	State	Zip Code	M	D	Y	Amount
	OH					
ull Name of Contributor			Registrat	ion Num	per, if PA	С
treet Address	Employer/Occ	upation/Labor Organization				
		-punous Labor Organización			ı	Form (Cash, Check, etc.)
ity	State	Zip Code		- N		
	ОН		M	P	ľ	Amount
all Name of Contributor			- Barin i			
			Registrati	on Mumb	et, 11 PAC	j
root Address	Employer/Occu	pation/Labor Organization		····		orm (Cash, Check, etc.)
					- 1	
ty	State	Zip Code	M	D	Y /	Umount
	OH					
ll Name of Contributor			Registratio	on Numbe	a, if PAC	
eet Address						
	Employer/Occup	oation/Labor Organization*			F	orm (Cash, Check, etc.)
у	State	Zip Code	T sa m	ਜ਼		
	OH		M	D	Y A	mount
Name of Contributor			Registratio	n Numba	if PAC	
				- 1	, u : AC	
et Address	Employer/Occup	ation/Labor Organization			Fo	orm (Cash, Check, etc.)
					ľ	····· (······························
	State	Zip Code	M	D i	Y Ar	nount
	OH			7	1 "	

Page Total \$300.00

^{*}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)]