

Statement of Contributions Received

Page _____

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor						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						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M D Y		Amount
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City			State OH		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)]

Page Total \$ _____