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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Larick	_					
con		Registra	ation Nu	nber, if P	AC	
Employer/Occup	nation/Labor Organization				Form (Cash, Check, etc.)	
State OH	Zip Code 43209	Ϊ́O	2 3	13	Check Amount 0°	
Street Address 260 N. (9559dy Ave Employer/Occupation/Labor Organization City Columbs Full Name of Contributor Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization			Registration Number, if PAC			
Employer/Occup	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC			
Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Amount	
		Registra	ttion Nur	nber, if Pa	AC	
Employer/Occup	ation/Labor Organization	F			Form (Cash, Check, etc.)	
State	Zip Code	M	D	١	Amount	
Full Name of Contributor			Registration Number, if PAC			
Employer/Occup	ation/Labor Organization	· .			Form (Cash, Check, etc.)	
State	Zip Code	M	D	I	Amount	
Full Name of Contributor			Registration Number, if PAC			
Employer/Occup	ation/Labor Organization				Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			ition Nur	nber, if P.	AC	
Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
State	Zip Code	M	D	Y	Amount	
	-	Registra	ntion Nur	nber, if P.	AC	
Employer/Occup	ation/Labor Organization	ization			Form (Cash, Check, etc.)	
State	Zip Code	M	D	١٦	Amount	
	Employer/Occup State Employer/Occup State Employer/Occup State Employer/Occup State Employer/Occup State Employer/Occup	Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization State Zip Code M Registration Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization	State Zip Code M D	Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization	

Page Total S 150

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)]