Statement of Contributions Received

Page		
6-	 _	

Prescribed by Secretary of State 03/05

		Registra	tion Nun	iber, if I	PAC	
Employer/Occupati	on/Labor Organization				Form (Cash, Check, etc.)	
State	Zip Code	MO	07	/ (2800. SC	
		Registra	tion Nur	iber, if I	PAC	
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Amount	
		Registration Number, if PAC			PAC	
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Amount	
		Registra	tion Nur	iber, if I	PAC	
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Атоилт	
Full Name of Contributor			Registration Number, if PAC			
Employer/Occupati	ion/Labor Organization*	F			Form (Cash, Check, etc.)	
State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registration Number, if PAC			
Employer/Occupati	ion/Labor Organization*				Form (Cash, Check. etc.)	
State	Zip Code	M	D	Y	Amount	
		Registra	ition Nun	nber, if	PAC	
Employer/Occupati	ion/Labor Organization*				Form (Cash, Check, etc.)	
State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if F					PAC	
Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
State	Zip Code	M	D	Y	Amount	
	Employer/Occupati State Employer/Occupati State Employer/Occupati State Employer/Occupati State Employer/Occupati State Employer/Occupati	Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization State Zip Code M Registra Employer/Occupation/Labor Organization	Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization State Zip Code M D Registration Num Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization	Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization* State Zip Code M D Y Registration Number, if I Employer/Occupation/Labor Organization*	

Page Total \$ ______

^{*} 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)]