Statement of Contributions Received

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Prescribed by Secretary of State 03/05

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		Registrati	on Numb	er, if PA	c
Employer/Occupat	ion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
State	Zip Code	M	D ₁	Y _j	Amount \$1,060.00
Full Name of Contributor Transfer from Form 31-E. Registration Number, if PAC					.c
Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
State	Zip Code	М. В 8 С	D	Y ₁	Amount \$1,995.00
Registration Number			er, if PA	.c	
Employer/Occupa	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
State	Zip Code	0 9	2 1	1 3	Amount \$865.00
		Registrati	ion Numb	er, if PA	ic
Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
State	Zip Code	M 0	P. 1 5	۲ ₋ -3	Amount \$390.00
Full Name of Contributor Registration Number, if					AC .
Employer/Occupa	tion/Labor Organization*	•			Form (Cash, Check, etc.)
State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P.					AC .
Employer/Occupa	tion/Labor Organization	_ <u></u>	<u></u>		Form (Cash, Check, etc.)
State	Zip Code	M	P	Y	Amount
<u> </u>	·	Registrat	ion Num	oer, if PA	AC .
Employer/Occupa	tion/Labor Organization	t.,			Form (Cash, Check, etc.)
State	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if P					AC
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
State	Zip Code	M	D	Y	Amount
	Employer/Occupal State Employer/Occupal State Employer/Occupal State Employer/Occupal State Employer/Occupal State Employer/Occupal	Employer/Occupation/Labor Organization State Zip Code Employer/Occupation/Labor Organization State Zip Code	Employer/Occupation/Labor Organization State Zip Code M P P P Registration Employer/Occupation/Labor Organization Employer/Occupation/Labor Organization State Zip Code M P P Registration Employer/Occupation/Labor Organization State Zip Code M P P P P P P P P P P P P P P P P P P	Employer/Occupation/Labor Organization State Zip Code D M D T B D Registration Numb Employer/Occupation/Labor Organization State Zip Code D B D T Registration Numb Employer/Occupation/Labor Organization State Zip Code D D D D D D D D D D D D D D D D D D D	State Zip Code N. D. Y. State Zip Code N. D. Y. D. State Zip Code N. D. Y. D. State Zip Code N. D. State Zip Code N. D. State Zip Code N. D. Y. D. State Zip Code N. D. State Zip Code N. D. Y. Registration Number. if P. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. Registration Number. if P. State Zip Code N. D. Y. D. Y. Registration Number. if P. State Zip Code N. D. Y. D.

Page Total \$4,310.00

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)]