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## **Statement of Contributions Received**

Prescribed by Secretary of State 8/95

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Name of Committee in Full Gouncil								
Full Name of Contributor  Aohn Dunn				Registra	tion Nun	ber. if P	AC	
Street Address	[F)	.15	2					
1710 Seoux Ct.	Employer	<i>п</i> оссира:	ion/Labor Organization*				Form (Cash. Check. etc.)	
City Grove City	Stat ©		Zip Code 43/23	M /0	D 3 /	v 09	Amount 25 °C	
Full Name of Contributor  Michael: Spiels	Name of Contributor Registration Mumber of PAC							
Michael Spiels Street Address 6173 Senec4 CF	Employer	r/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)	
City GRove City	Stat	e A	Zip Code 43123	М	D	Y	Amount 25	
Full Name of Contributor  Not Contributor  Alet Contributor	#3/	- L		Registra	AC			
Street Address 6	Employer	r/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)	
City	State		Zip Code	M	D	Y	Amount 00	
Full Name of Contributor	ł war			Registra	tion Nun	ther. if P.		
Street Address	Employe	r/Occupat	ion/Labor Organization*				Form (Cash, Check, etc.)	
City	Sta	ie	Zip Code	M	D	Y	Amount	
Full Name of Contributor	American de la constanta de la			Registra	AC			
Street Address	Employer	r/Occupat	ion/Labor Organization*				Form (Cash, Cheek, etc.)	
City	Sta	ie	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registration Number, if PA			AC	
Street Address	Employe	r/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
City	Sta	ie	Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registra	tion Nur	pher, if P	AC.	
Street Address	Employe	r/Occupat	tion/Labor Organization*				Form (Cash, Check, etc.)	
City	Sta	ie	Zip Code	М	D	7	Amount	
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\*Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear, R.C. 3517.10(B)(4)

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