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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

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Name of Committee in Full						
Friends for Paul Bingle Full Name of Contributor			Pagietr	ation Num	her if DA	C
Shaune Skinner			KOBISH	20011 1 10111		
Street Address	Employer/Occu	pation/Labor Organization	<b>L</b>			Form (Cash, Check, etc.)
360 Clinton Heights		ASC Group				Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН		1 0	1   5	0 7	25.00
Full Name of Contributor		1 20202		ation Num		
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Street Address	Employer/Occu	pation/Labor Organization	*	***************************************		Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
		]				
Full Name of Contributor			Registra	ation Num	ber, if PA	.C
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
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Street Address	Employer/Occu	pation/Labor Organization	*			Form (Cash, Check, etc.)
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City	State	Zip Code	l Wi	"	1 1	Amoun
Full Name of Contributor			Pagistre	tion Num	her if DA	l
Tim value of Controllor			Registr	жион тчан	ioci, n i A	
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Sirect / Yuliu 635	Limpioyon/ Good	ipation/Labor Organization	•			i om (casi, check, cic.)
City	State	Zip Code	Тм	D	Y	Amount
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Full Name of Contributor	1		Registra	ation Num	ber if PA	C
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Street Address	Employer/Occi	pation/Labor Organization	<del>- L -</del>			Form (Cash, Check, etc.)
	1					
City	State	Zip Code	М	D	Y	Amount
equired for contributions from individuals over \$100 to statewide	and general assembly can	didates. If contributor is se	If-employed the	occupation	n and the	name of the

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 appear. [R.C. 3517.10(B)(4)]

25.00
20.00