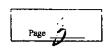


Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full STD GE FOR MAYOU					
Full Name of Contributor DECOR B Vocc	()	•	Registration Number, if		
Street Address 1649 O Surve Ct-	Employer/Occupation	on/Labor Organization		Form (Cash, Check, etc.)	
City Grove City	State	Zip Code (V)	11191	Social Amount	
Full Name of Contributor Gov Chy Chron Registration Number, if PAC Registration Number, if PAC					
Street Yagues Colores On Proper Colores On		on/Labor Organization		Form (Cash, Check, etc.)	
Crowchy .	State	着3(グ)	111915	Amount 200	
all Name of Contributor Co (M. S. C. Mysses)			Registration Number, if		
977 Pinnacle No X:		on/Labor Organization	M N W-	Form (Cash, Check, etc.) Amount	
chy Grove City	State	Zip Code 3 (23	Registration Number, if	50	
SOMORA L. LORGUE			Registration Number, in	Form (Cash, Check, etc.)	
3323 York St.	Employer/Occupati	on/Labor Organization*	ाच्चा ता प्र	Amount / Al	
City Grove Cary	OR	43122	Registration Number, if	504	
Shoron L. Moreatt					
Street Address Z CLOO CORRELACION DE	Employer/Occupati	Trin Code	<u> </u>	Amount	
City	94	45373	Registration Number, if	1503	
Bonald L. Flaming					
947 Quinacle Clob Or	State	[7:- C-14		du	
city Grove Cary	04	43123	Registration Number, if	Amount PAC	
This is a second of the second				Form (Cash, Check, etc.)	
Street Address	Employer/Occupat	Zip Code	M D Y	Amount	
City	Suite	Zip Code	Registration Number, if		
Pall Palle of Collision					
Street Address		tion/Labor Organization		Amount	
City	State	Zip Code	M	ATHOUR -	

Page Total \$ 755

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)]