

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 6/14/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					06	14	07	1410.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 7/14/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					07	14	07	1955.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 8/9/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					08	09	07	335.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E - 8/30/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					08	30	07	1155.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E 9/27/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					09	27	07	985.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E 10/12/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					10	12	07	720.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E 10/16/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
					10	16	07	1060.00	
Full Name of Contributor <i>CONTRIBUTIONS FROM FORM 31-E 10/19/07 EVENT</i>							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
								765.00	

* 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)]

\$8385.00
 Page Total 90.00