10/25/2008

McCique Lab Gram attorneys at Law

550 EAST WALNUT STREET | COLUMBUS, OHIO 43215 TEL: (614) 263-7000 | FAX: (614) 263-7078 | www.mctiguelaw.us

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NOTES/COMMEN	NTS:		· · · · · ·			

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-Prodice Limited to-

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

614-263-7078

1.	Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations
	(a) Name
	Bring Ohio Back (b) Address (number and street) Check if different than previously reported 2 FEC Identification Number
	(b) Address (number and street) check if different than previously reported 2. FEC Identification Number
	(c) City. State and ZIP Code
	Clare and 21 code Clare and 21 code Clare and 21 code Clare and 31 code
	(d) Name of Employer or Principal Place of Business (e) Occupation
	M New / 0 (1 200 F)
3.	Is This Statement or 4. Covering Period through
	Amended / 0 23 200 F
	Las las las
E	(a) Date of Public Distribution(s) 10 27 2 COS (b) Communication Title
3.	(a) page of Edmic pigruporion(2)
6.	Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?
7.	Were the disbursements for the electioneering communication made exclusively Yes No
	Custodian of Records
٥.	(a) Name
	140 man Grand Was Grainle
	(b) Address (number and street)
	(c) City. State and ZIP Code
	(d) Name of Employer or Principal Place of Business (e) Occupation
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	Self Consultant
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٥	Total Donations This Statement
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10.	Total Disbursements/Obligations This Statement
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	Under penalty of perlury. I certify that this statement is true, correct and complete. In addition, if the election earing
	communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.
	under the Commission a regulations.
	SIGNATURE DATE
	المرامد
	SIGNATURE DATEDATE
	NOTE: Submission of fairs, arraneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §137g.
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A.	(a) Name				
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D. Full Name of Donor Mailing Address of Donor City State	Zip	Date of Recaipt Amount
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brookington D. C 20007	Communication Date
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FEC FORM 9 (REV. 02/2008)

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Name of Federal Candidate	Office Sought, House State Senate President	Primary General
Full Name (Last, First, Middle Initi Mailing Address of Payee	al) of Payee	Date of Disbursement of Obligation
City	State Zip Code	
Name of Employer	Occupation	Communication Date
Purpose of Disbursement (Including		
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)