

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Wing									
Full Name of Contributor Roberta Olt						Registration Number, if PAC			
Street Address 1710 Hess Blvd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43212		M 0 7	D 1 5	Y 1 9	Amount 100.00	
Full Name of Contributor Roberta Olt						Registration Number, if PAC			
Street Address 1710 Hess Blvd			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus		State O H	Zip Code 43224		M 0 7	D 3 0	Y 1 9	Amount 100.00	
Full Name of Contributor Joseph M. Wing						Registration Number, if PAC			
Street Address 3863 Walford St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK # 3491		
City Columbus		State O H	Zip Code 43224		M 0 9	D 0 6	Y 1 9	Amount 200.00	
Full Name of Contributor OAPSE AFSCME TURNAROUND OHIO PAC LA 1269						Registration Number, if PAC			
Street Address 6805 Oak Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK # 4685		
City Columbus		State O H	Zip Code 43229		M 1 0	D 0 4	Y 1 9	Amount 200.00	
Full Name of Contributor Joseph M. Wing						Registration Number, if PAC			
Street Address 3863 Walford St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CK # 3509		
City Columbus		State O H	Zip Code 43224		M 1 0	D 0 4	Y 1 9	Amount 500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	

* 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 appear. [R.C. 3517.10(B)(4)]