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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Joe Wing							
Full Name of Contributor			Registra	tion Num	ber, if P	AC .	
Joseph M. Wing			1				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3863 Walford St	1					ck # 2837	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OLH	43224	1111	0 9	1 .		
Full Name of Contributor		10/4/21		tion Num	. ()		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
						onin (casa, cacca, cac.)	
City	State	Zip Code	М	D	Y	Amount	
•		Pap code	, M		1	Amount	
Full Name of Contributor			Davidentian Nuclear St			AC	
Lan Leane of Conditional				Registration Number, if PAC			
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
		manpoyer/Occupation/Land Organization				rom (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
•		Lap Cook	- 1			Autouit	
Full Name of Contributor		<u> </u>	Pagistra	tion Num	ber if DA	C	
A MARINE OF COMMISCHED			Registration Number, if PAC				
Street Address Employer/Occupation/Labor Organization* Fo						Form (Cash, Check, etc.)	
	Zimpioyer/ o oou	organismon				i om (Casii, Circia, cic.)	
City	State	Zip Code	М	D	Y	Amount	
,,		2000	"		Î	Ankount	
Full Name of Contributor		J	Parietre	tion Num	han if DA	[
an name of Controllor			Registra	aron ivuii	uci, ii FA		
Street Address Employer/Occupation/Labor Organization*						Farm (Cash Charle sta)	
Duote Addition	Employea/Occuş	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City		7:-0-1	- 1 57				
City	State	Zip Code	М	D	Y	Amount	
E 111 60 7		<u> </u>			100		
Full Name of Contributor Registration Number, if PAC							
L							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<u></u>		T					
City	State	Zip Code	М	D	Y	Amount	
		<u> </u>					
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
coursed for contributions from individuals over \$100 to s	tatewide and general assembly cand	dates If contributor is self-en	nnloved the o	counstion	and the	name of the	

* 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)]

Page Total \$ 150.00