Statement of Contributions Received

Page ____

Prescribed by Secretary of State 2/01

	-				***************************************			
Name of Committee in Full	111	***************************************						
Committee tor Joseph			es ja		nanian managan			
Full Name of Contributor Contributions From For.	31-5				Registration Number, if PAC			
Street Address	Employer/C	Occupatio	on/Labor Organization*				Form (Cash, Check, etc.)	
City	State		Zip Code	M 10	D 23	06	Amount 1,750.00	
Full Name of Contributor								
Contribations From Fo.	in	31.	granien Justinen Consission	Ü	U-			
Street Address	Employer/C	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	,	Zip Code	M	D 2 5	Y	Amount 3, 150.00	
Full Name of Contributor				0	tion Nur	1 1 .		
Contribations From F	5	3	Comment of some			,		
Street Address	Employer/C	Form (Cash, Check, etc.						
City	State		Zip Code	М	D	Y	Amount	
				11	01	06	6,400.00	
Full Name of Contributor				Registra	tion Nur	nber, if I	PAC	
Total Employee Contributions From Form 316								
Street Address	Employer/0	Occupatio	on/Labor Organization*	L			Form (Cash, Check, etc.)	
City	State		Zip Code	M	D	Y	Amount	
							100.00	
Full Name of Contributor				Registra	ation Nu	mber, if	PAC	
						772200744000000000		
Street Address	Employer/0				Form (Cash, Check, etc.)			
City	State		Zip Code	M	D	Y	Amount	
			•					
Full Name of Contributor Registration Number, if R							PAC	
Street Address	Employer/	Occupation	on/Labor Organization*	harmaniname.	estatente please constituto (Form (Cash, Check, etc.)	
City	State		Zip Code	М	D	Y	Amount	
Full Name of Contributor				Registr	ration Nu	ımber, if	PAC	
	1		***************************************				Form (Cash, Check, etc.)	
Street Address	Employer/	Occupati	on/Labor Organization*				ronn (Cash, Check, etc.)	
City	State	;	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if							PÁC	
Street Address	Frank and Committee of the Committee of					Form (Cash, Check, etc.)		
Sirect Addiess	Employer/Occupation/Labor Organization*						Tom Cash, Check, Cle.,	
City	State	e	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]

Page Total \$ 11, 400 α