Statement of Contributions Received

Page _ 2___

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Full Name of Contributor Registration Number, if PAC							
Committee for Joseph W. Tester Name of Contributor Contributions From Form 31-E					ion Num	ber, it PA	ic .
Street Address	Employer	/Occupation	n/Labor Organization				Form (Cash, Check, etc.)
Succe Addition	Employer	/Оссирано	WLabot Organization				
City	Stat	e	Zip Code	M 3	12	07	Amount 26, 845.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	
Contributions From Form						,	
Street Address	Employer	/Occupatio	n/Labor Organization*			•	Form (Cash, Check, etc.)
C:	Stat	. 1	Zip Code	M	Ŋ	W -	Amount
City	Stat		Zip Code	05	08	•	2,490.00
Full Name of Contributor				Registrat	ion Num	ber, if PA	rc
Contributions From For		71	-E				
	~	<u>ا د .</u>					Form (Cash, Check, etc.)
Street Address	Employer	/Occupatio	n/Labor Organization*				Torm (cush, chook, co.)
City	Stat	e	Zip Code	M	D	Y	Amount
			<u></u>	07	20		1,575.00
Full Name of Contributor				Registrat	ion Num	ber, 11 PF	.c
Street Address	Employer	/Occupatio	on/Labor Organization*				Form (Cash, Check, etc.)
City	Stat	te	Zip Code	М	D	Y	Amount
Full Name of Contributor	L			Registra	ion Num	ber, if PA	AC .
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
C:	Sta	to I	Zip Code	М	D	M	Amount
City	Sta	ie	Zip Code				
Full Name of Contributor Registration Number, if PA							AC
Court Harry	-	. <u>.</u>					Form (Cash, Check, etc.)
Street Address	Employe	r/Occupation				Tom (Cash, Chook, Go)	
City	Sta	te	Zip Code	М	D	Y	Amount
	İ			1 1			
Full Name of Contributor				Registra	tion Nun	nber, if P	AC
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
City	Sta	te	Zip Code	M	D	Y	Amount
Full Name of Contributor Registration Number, if Pr							AC
Street Address	Address						Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*						. om (ousin, cheek, etc.)
City	Sta	ite	Zip Code	М	D	Y	Amount
	1	1		1 1			<u>t</u>

* 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 \$ 30,910.00