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R	c	3517	10

Page	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						4	
The Committee For A Better	Liinton Lownship		lp:	tion Num	har in n	<u></u>	
Full Name of Contributor			Kegisira	DOU NUM	DET, II PA	L .	
Joseph M. Wing Street Address	E-mloure/Ossue	ration/Labor Openniantion*				Form (Cach Cha	ck etc.)
	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
3863 Walford St	State	Zip Code	М	D	Y	Amount	
	O H	43224	$ _{1}$	2/9	1 3	Allouii	50.00
Columbus Full Name of Contributor	10111	43224		tion Numi			30.00
			g.sau	uon ream	ou, a 111		
John Coneglio Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
1824 Hess Blvd	12410,011014					Check	,
City	State	Zip Code	Тм	D	ΙΥ	Amount	
Columbus	O H	43212	1111	2 7	113		100.00
Full Name of Contributor		13212		tion Numi		C	100.00
Carl J. Reardon							
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Che	ck, etc.)
1869 Elmore Ave		-				Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43224	1 2	0 4	1 3		100.00
Full Name of Contributor	<u> </u>			tion Num		С	
Joseph M. Wing							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
3863 Walford St						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43224	1 2	0 9	1 3		200.00
Full Name of Contributor	, , , , , , , , , , , , , , , , , , ,		Registra	tion Num	ber, if PA	С	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*			_	Form (Cash, Check, etc.)	
Succe Address							•
City	State	Zip Code	М	D	Y	Amount	
			-				
Full Name of Contributor			Registra	tion Num	ber, if PA	С	•
i							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
		·		,	_		
City	State	Zip Code	М	D	Y	Amount	
				<u> </u>	<u> </u>		
Full Name of Contributor			Registra	ation Num	uber,ifPA	.C	
Street Address	Employer/Occur	pation/Labor Organization*			-	Form (Cash, Che	ck, etc.)
Succi Additions		ещноустосцинов гано отданганов					
City	State	Zip Code	М	D	Y	Amount	
1				<u>j</u> i			
Full Name of Contributor	-		Registra	ation Num	iber, if PA	AC .	
	[E1	potion/Labor Opposition®				Form (Cash, Che	eck etc)
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				orm (Casir, Check, Cic.)	
	State	Zip Code	М	T D	ΤΥ	Amount	
City	State	Zap Cook	"	lí	Fil		
		Lideres If contributor is salf as					

Page Total \$ 450.00

^{*} 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)]