

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Wing							
Full Name of Contributor Joseph M. Wing					Registration Number, if PAC		
Street Address 3863 Walford St		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43224	M 0 6	D 3 0	Y 1 5	Amount 750.00	
Full Name of Contributor Joseph M. Wing					Registration Number, if PAC		
Street Address 3863 Walford St		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 0 7	D 3 0	Y 1 5	Amount 750.00	
Full Name of Contributor Roberta S. Olt					Registration Number, if PAC		
Street Address 1710 Hess Blvd		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 8	D 0 5	Y 1 5	Amount 150.00	
Full Name of Contributor Katherine Callahan					Registration Number, if PAC		
Street Address 2131 Ridge Rd S		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Largo	State F L	Zip Code 33778	M 0 9	D 2 5	Y 1 5	Amount 25.00	
Full Name of Contributor Joseph M. Wing					Registration Number, if PAC		
Street Address 3863 Walford St.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43224	M 1 0	D 0 5	Y 1 5	Amount 200.00	
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)]

Page Total \$ 1,875.00