Page_	1

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Friends of Joe Wing			" la		L			
Full Name of Contributor			Registra	uon Num	ber, if PA	C		
Joseph M. Wing						E - (C + 2	! \	
Street Address	Employer/Occup	•				Form (Cash, Check, etc.)		
3863 Walford St	Retired	Tar. 6			1 -0 -	Cash_		
City	State	Zip Code	M	D	Y	Amount	750.00	
Columbus	O H	43224		3 0			750.00	
Full Name of Contributor			Registra	hon Num	ber, if PA	C		
Joseph M. Wing	· · · · · · · · · · · · · · · · · · ·	 				E (CL.CL		
Street Address	' '	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3863 Walford St		Retired			1 1/	Check		
City	State	Zip Code	M	D	Y	Amount	750.00	
Columbus	O H	43224	0 7	3 0	115		750.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	C		
Roberta S. Olt						r (C A C	and on a	
Street Address	1 ' ' '	ation/Labor Organization	•			Form (Cash, Ch	eck, etc.)	
1710 Hess Blvd	Retired	I			T .,	Check		
City	State	Zip Code	M	D	Y	Amount	150.00	
Columbus	O I H	43212	0 8				150.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	i.C		
Katherine Callahan						r (C) C		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2131 Ridge Rd S		Retired			1 1/	Check		
City	State	Zip Code	M	D	Y	Amount	27.00	
Largo	FL	33778	019				25.00	
Full Name of Contributor			Registra	tion Num	iber, if PA	ıL		
Joseph M. Wing						r (Cook C	ands at a)	
Street Address		Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
3863 Walford St.	Retired	Te: a .					Check	
City	State	Zip Code	M	D .	Y	Amount	200.00	
Columbus	O H	43224		05	15 aber, if PA		200.00	
Full Name of Contributor			Registra	DON NUM	ider, u PA	ıL		
					_	E (C). (C	andr eta \	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
		le: o i		T 5	Y	Amount		
City	State	Zip Code	M 1	P	1 1	AIBOUR		
				rian Nom	h iCDA	<u> </u>		
Full Name of Contributor			Kegisira	uon nun	iber, if PA	ic.		
	In		. — —			Form (Coch C	heck etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		Ta: 0.1		l n	ΙΥ	Amount		
City	State	Zip Code	M	D	'	CONTRACT OF THE PARTY OF THE PA		
			n	nting Ni-	aber, if PA	<u>L</u>		
Full Name of Contributor			Kegistra	ATON INTE	uet, li 17	10		
	Form (Cash, Check, etc.)							
Street Address	Employer/Occupation/Labor Organization* Form (, orm (Casil, C	men, etc.)			
		77 6.1.	T 5.2	T 5	ΤΥ	Amount		
City	State	Zip Code	M	D	'1	- COLORADA		
		l'ilea de la consideración de	<u> </u>	<u>با ل</u>	1 !			

* 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