## Statement of Contributions Received

Page \_\_\_\_\_

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee for Joseph W. Trester					
Full Name of Contributor Contributions From Form	and it has		Registration Number, if	Registration Number, if PAC	
Contributions From torm	5/-	Sisteriore,		Form (Cash, Check, etc.)	
Street Address	Employer/Occupa	ation/Labor Organization*		Torm (Cash, Chook, Co.)	
City	State	Zip Code	M D Y	Amount	
			062606	, 11,880.00	
Full Name of Contributor Registration Number, if PAC					
Contributions From Form	31-1	Santakka,		(Coal Charlestee)	
Street Address	Employer/Occupa	ation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
			072106	14,195-00 4	
Full Name of Contributor	Registration Number, if PAC			PAC	
Contribations From form	31-1	garations Barroug Barrougus			
Street Address		ation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
			083006	2,560.00 6	
Full Name of Contributor			Registration Number, if	PAC	
Contributions From Form 31-E					
Street Address	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
			091300	18,175-00	
Full Name of Contributor	Į.		Registration Number, if		
Contributions From Form 31-E					
Street Address	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
City	State	zip code	092506	2805-00	
Full Name of Contributor			Registration Number, if		
Contributions From Form 31-E  Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Street Address	Employer/Occur	pation/Labor Organization*	<u></u>	Form (Cash, Check, etc.)	
City	State	Zip Code	M D Y	Amount	
			10 100 100 100	6 1,650-00	
Full Name of Contributor Registration Number, if PAC					
Contributions From Form					
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				
City	State	Zip Code	M D Y	Amount	
			10250	6 5,950.00	
Full Name of Contributor  Registration Number, if PAC					
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)					
Succi Addiess	Employer/Occu	pation/Labor Organization		, , , , , , , , , , , , , , , , , , , ,	
City	State	Zip Code	M D Y	Amount	
				30000000000000000000000000000000000000	

<sup>\*</sup> 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)]