## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Joe Wing							
Full Name of Contributor				Registration Number, if PAC			
Joseph M. Wing							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
3863 Walford St	<b>,</b>	Retired				Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43224	1111	2 0	1   7	150.00	
Full Name of Contributor		10.221			ber, if PA		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor		Registra	Registration Number, if PAC				
Street Address	pation/Labor Organizatio	tion/Labor Organization* Form (Cash, Check, etc.)					
SHOOL AGGESS	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	l M	D	Y	Amount	
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Full Name of Contributor			Registra	tion Num	ber, if PA	Č	
Tall Name of Controllor			Rogistia	ition rum	1001, 11 1 7		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
			li				
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
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City	State	Zip Code	М	D	Y	Amount	
o.i.,			1				
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
						<u> </u>	
Full Name of Contributor			Registra	ition Num	iber, if PA	.C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
			<del> </del>	T =	1 7-		
City	State	Zip Code	M <sub>1</sub>	D	Y	Amount	
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aguired for contributions from individuals over \$100 to	ctateuride and ceneral accembly can	diantee it contributor is s	est_emoloved the	occunatio	n and the	name of the	

\* 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 \$ 150.00