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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

NY CO W LED									
Name of Committee in Full	ry a cerec ic	~y~\1	r vik valdedalalal						
CLINTON TOWNSHIP BEST CANDII Full Name of Contributor	JAIDJ (		VIIVIII I D.D.	Pagiot	rotio		ber, if PA		
				regist	iano	ni 140110	oci, ii ra	.c	
John Conogolio Street Address	Employar/O	001220	ation/Labor Organization*					Form (Cash, Check, etc.)	
	Employer/Oc								
1824 Hess Blvd	State	man-tartium	Zip Code	М		D	Y	Check Amount	
City Columbus	Ĭ.		43212		9 (	2   8	019	750.00	
Full Name of Contributor			"X. I have S. how	remineration misses a	an constitution of	enconneciona benerola solo		Samuel and the second s	
Full Name of Contributor Registration Number, if PAC  Carl J. Reardon									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
1869 Elmore Ave.								Check	
City	State		Zip Code	М	T	D	Y	Amount	
Columbus		1-1	43224	019	91:	2   8	019	727.50	
Full Name of Contributor	Registration Number, if PA								
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Street Address	Employer/Oc	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
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Full Name of Contributor Registration Number, if PA								.C	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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Full Name of Contributor	C								
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Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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Full Name of Contributor Registration Number, if PA							C		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
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\* 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 \$ 1,477.50