Statement of Contributions Received

Page _______

Prescribed by Secretary of State 2/01

Name of Committee in Full		
Connittee for Joseph L	U. 18575	Registration Number, if PAC
Full Name of Contributor Contributions From Form	31-E	
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount O 6 2 6 0 6 11,880.00
Full Name of Contributor	31-E	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 07210614,195-00
Full Name of Contributor Contributions From Form	31-E	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Aniount 0830062560-00
Full Name of Contributor Contributions From Form	31-E	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount 0 9 1 3 0 6 18,175-00
Full Name of Contributor Contributions From Form	31-E	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount 2805-00
Full Name of Contributor Contributions From Form	, 31-E	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount 1,650-00
Full Name of Contributor Contributions From Form	n 31-E	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
City	State Zip Code	M D Y Amount 5,958.00
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