Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
The Committee For A Better Clinton T	ownsh	10		D	25. 83	t 'cr-	<u> </u>	
Full Name of Contributor				Registra	ation Nun	iber, if PA	iC .	
University View Civic Association	le i	<i>(</i> 0)	2 . M . b O				F (C1 Ch1)	
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
1710 Hess Blvd	<u> </u>		Te			1	ck# 2168	
City	Sta		Zíp Code	M	D	Y	Amount	
Columbus	\downarrow O	<u>H</u>	43212		20		500.0	<u>U.</u>
Full Name of Contributor				Registr	ation Nun	iber, if PA	vC	
Brad Theodor								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1824 Audrey Rd							cash	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus	0.1	H	43224	0 9	2 1	1 6	100.0	10
Full Name of Contributor				Registr	ation Nun	nber, if PA	vC	
FOP Politicital Education Fund								
Street Address	Employer	/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
6800 Schrock Hill CT.							ck# 1602	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus		Н	43229	019	2 6	1 6	1,000.0	0
Full Name of Contributor				Registr	ation Nun	nber, if PA	AC .	_
Brad Theodor								
Street Address	Employer	r/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)	
1824 Audrey Rd							cash	
City	Sta	ite	Zip Code	М	D	Y	Amount	
Columbus	101	Н	43224	1019	216	1 6	100.0	0(
Full Name of Contributor			1022			nber, if PA		
Abpullam Ismail								
Street Address	Employer	r/Occupa	ntion/Labor Organization*	_			Form (Cash, Check, etc.)	-
3027 Kenlawn St.	' '		C				cash	
City	Sta	ate .	Zip Code	М	D	Y	Amount	_
Columbus		Н	43224	1110	013	1 6	•)()
Full Name of Contributor			10221			nber, if PA		
Joseph M. Wing				1		•		
Street Address	Employer	r/Occums	ation/Labor Organization*				Form (Cash, Check, etc.)	_
3863 Walford St	0.00,00		Month of Survivi				ck# 2817	
City	Sta	ate.	Zip Code	М	D	Y	Amount	
Columbus		Н	43224			1 6		าก
Full Name of Contributor			40224	Registr	ation Nur	nber, if PA	100.0	//
				rtogist.				
Jane Cera Street Address	Employe	r/Ocaup	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
	Limploye	i/Occupa	idole Labor Organization				mo# 27101984	
1210 E. Cooke Rd		ate	Zip Code	М	D	Y	1110# 27 101904 Amount	-
City	I .		1 ⁻	_ I				30
Columbus	0	h	43224) 1 1			<i>/</i> U
Full Name of Contributor Registration Number, if PAC								
C1	[Cmm1a	-/Oa	otion / abor Organization*				Form (Cash, Check, etc.)	_
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
	 		7:- C-1-	1 1/	1 5	v	Amount	
City	Sta	ate	Zip Code	M	D	Y	Amount	
							<u> </u>	

* 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 \$	2,000.00