Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends of Joe Wing						
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Full Name of Contributor			Davistas	tion None	ber, if PA	Ċ
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Joseph M. Wing	1	ing about the consistent				Form (Cash, Check, etc.)
•	Employer/Occupation/Labor Organization*					1 ' ' '
	Retired		1	1	1	Check
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Joseph M. Wing						
	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 \$	1,150.00