Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | · · · · · · · · · · · · · · · · · · · | | | |
|---------------------------------|---|------------------------------|---------------------------------------|-------------|--------------|--------------------------|
| Friends of Joe Wing | | | | | | |
| Full Name of Contributor | | | Peristr | ation Num | iber, if PA | C |
| Brian J. Eastman | | | regione | ation ivan | 1001, 11 1 7 | |
| Street Address | Employer/Occ | cupation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 9292 Prestwick | Zinpioy cir o c | orpanion 22001 Organization | | | | CK # 5881 |
| City | State | Zip Code | I M | D | Y | Amount |
| Columbus | 0 1 | . 1 - | 110 | $ _{2 _1}$ | 1 9 | 20.00 |
| Full Name of Contributor | | - 1 40240 | | | ber, if PA | |
| Carol J. Stuart | | | | | , | - |
| Street Address | Employer/Occupation/Labor Organization* | | | | | Form (Cash, Check, etc.) |
| 867 W 8th Ave | | | | | CK #3664 | |
| City | State | Zip Code | M | D | Y | Amount |
| Columbus | O + F | 43212 | 110 | 2 3 | 1 9 | 50.00 |
| Full Name of Contributor | | 10.212 | | | ber, if PA | |
| Matthew J. Tyack | | | | | | |
| Street Address | Employer/Occ | cupation/Labor Organization* | · · · · · · · · · · · · · · · · · · · | | | Form (Cash, Check, etc.) |
| 5381 Millers Church Rd | | | | | CK # 2751 | |
| City | State | Zip Code | M | D | Y | Amount |
| Johnstown | 0 1 | 43031 | 1 1 | 0 1 | 1 9 | 100.00 |
| Full Name of Contributor | | | Registra | | ber, if PA | |
| OCSEA/AFSCME Local 11 Political | Action Fun | d #LA292 | | | | |
| Street Address | | cupation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| 390 Worthington Rd., Suite A | | | | | CK # 2862 | |
| City | State | Zip Code | М | D | Y | Amount |
| Westerville | OF | 1 43082 | 1 1 | 0 1 | 1 9 | 500.00 |
| Full Name of Contributor | | | Registra | tion Nur | ber, if PA | С |
| | | | | | | |
| Street Address | Employer/Occ | cupation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| | | | | | | |
| City | State | Zip Code | M | D | Y | Amount |
| | | <u> </u> | | <u> </u> | | L |
| Full Name of Contributor | | | Registra | tion Nur | ber, if PA | C |
| | | | | | | |
| Street Address | Employer/Occ | cupation/Labor Organization* | • | | | Form (Cash, Check, etc.) |
| o: | | - In | | | · | |
| City | State | Zip Code | M | D | Y | Amount |
| E HAVE COLUMN | | | <u> </u> | | | |
| Full Name of Contributor | | | Registra | uon Nun | ber, if PA | .C |
| Street Address | El/Occ | cupation/Labor Organization* | | | | Form (Cook Cheek etc.) |
| Street Address | Employel/Occ | upation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| City | State | Zip Code | М | I D | ΙΥ | Amount |
| City | State | Zip Code | I M | | | Amount |
| Full Name of Contributor | | <u>l</u> | Registrs | tion Num | ber, if PA | <u> </u> |
| I in valid of Controllor | | | Registra | KIOH IVIII | ioci, ii i A | |
| Street Address | Fmnlover/Occ | cupation/Labor Organization* | | | | Form (Cash, Check, etc.) |
| | Total Cast, Citch, cit.) | | | | | |
| City | State | Zip Code | Тм | D | ΙΥ | Amount |
| · | | | 1 " | | | |
| <u> </u> | | | | 1 | 1 | L |

| Page | Total | • | 670.00 |
|-------|---------|---|--------|
| 1 age | 1 Ottai | • | 670.00 |

^{*} 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)]