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Statement of Contributions Received

Prescribed by Secretary of State 3/05

								_
Name of Committee in Full								
The Committee For A Better Clinton T	ownsh	ip		-				
Name of Contributor			Registration Number, if PAC					
John T. Coneglio	•							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1824 Hess Blvd.	L						Cash	
City	St		Zip Code	M	P	Y	.Amount	
Columbus	0	H	43212		0 2			200.00
Full Name of Contributor				Registra	ation Num	ber, if PA	С	
Joseph M. Wing								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)	
3863 Walford St.							Check_	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus		Н	43224	110	0 4	1 3		100.00
Full Name of Contributor	_			Registra	ntion Num	ber, if PA	.c	
University View Civic Association								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Cheo	k, etc.)
1710 Hess Blvd.							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	\perp_{0}	Н	43212	1 0	211	1113		400.00
Full Name of Contributor					ation Num		iC .	
Street Address	Employe	r/Occupa	ation/Labor Organization*			-	Form (Cash, Chec	ck, etc.)
Discour Financial	' '	•	-					
City	St	ate	Zip Code	М	Ð	Y	Amount	
Chy		l		1	1 1	1 1		
Full Name of Contributor		<u>-</u>	<u></u>	Registr	ation Num	ber, if PA	vC .	
run valle of Coldious								
Street Address	ress Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				ck, etc.)			
Succe Address			· ·					
City	St	ate	Zip Code	M	D	Y	Amount	
Cny		1		1	1	1 1	l	
Full Name of Contributor		<u> </u>		Registr	ation Nun	aber, if P	NC .	
Pull Name of Conditions				ľ				
<u> </u>	Employer/Occupation/Labor Organization*			Form (Cash, Che	ck, etc.)			
Street Address	1214,0,	Остър						
	-	tate	Zip Code	М	D	Y	Amount	
City City City City City City City City] "	I	Zp cook	1 1	Ιı	1 1		
		<u> </u>		Registr	ation Num	nber, if PA	AC .	
Full Name of Contributor				AL GLAZ				
	lrla-	~-/(`)~~~	ation/Labor Organization*				Form (Cash, Che	ck, etc.)
Street Address	Employ	ет/Оссир	RUOIV LAUGI OI GAIREARGO				1	,
			Tata Cada	М	D	Y	Amount	
City	,	tate I	Zip Code	",	1 1	1 1	,	
		<u> </u>	<u> </u>	Danier	ration Nur	nher if P	<u> </u>	
Full Name of Contributor				vesizo	anon ivu	noca, o i i	nc .	
From (Cash, Check, etc.) From (Cash, Check, etc.)					ck_etc.)			
Street Address	Employer/Occupation/Labor Organization*					am (Cam, Court, Co.)		
			<u> </u>	- 1	<u> </u>	ΙΥ	Amount	 -
City	l s	tate	Zip Code	M	D	1	SAMERANIA	
		<u> </u>	Manager 16 and 1		<u>. </u>	1 1		

* 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 S	700.00