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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						_
Coneglio For Clinton Township						
Full Name of Contributor			Registra	tion Num	ber, if PA	c
John Coneglio						
Street Address	Employer/Occa	pation/Labor Organization*				Form (Cash, Check, etc.)
1824 Hess Blvd						Cash
City	State	Zip Code	М	D	Y	Amount
Columbus	ОГН		la la	310	1 3	1,570.00
Full Name of Contributor		10212			ber, if PA	
and the contraction						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
<u> </u>	State	Zip Code	М	T D	ΙΥ	Amount
City	ا	Zip Cook	'''		1 1	
			Daminter	tion Num	ber, if PA	
Full Name of Contributor			vegistia	ikai Mili	υ α , μ τ Λ	
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Check, etc.)
			_			
City	State	Zip Code	М	D	Y	Amount
			11	1		
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	.c
Street Address	Employer/Occ	mation/Labor Organization*				Form (Cash, Check, etc.)
Dave : National						
City	State	Zip Code	М	D	Y	Amount
chy			1		1	
T. II Nove of Constitution			Registra	nion Num	ber, if PA	C
Full Name of Contributor						
0	TEmployer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Limpioyaroco	aperiors propor Organization				,
		7:- Cada	М	D	ΙΥ	Amount
City	State	Zip Code	, m	1 7	1	AHAMM.
				<u> </u>) ED4	<u> </u>
Full Name of Contributor			Kegisus	stion iven	ıber, if PA	ic .
	Employer/Occupation/Labor Organization*			_	Form (Cash, Check, etc.)	
Street Address	ширюустос	apation ratio				,,
	State	Zip Code	М	D	Y	Amount
City	State	Zip Coue	"1		Ιì	, and an
	<u></u>		D i e	_	sber, if PA	
Full Name of Contributor			Kegisti	anon rom	ioer, u re	ic .
Street Address	Employer/Occ	upation/Labor Organization*		_	_	Form (Cash, Check, etc.)
Street Address	244,0,0					
City	State	Zip Code	М	D	Y	Amount
				1		ļ
Full Name of Contributor	_		Registr	ation Num	nber, if P	AC
Tall traine or conditioner						
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					
Succi Auditoss						
	State	Zip Code	М	D	ΤΥ	Amount
City	ا	Zap code	"	Ĭ		
				1 1	l n and the	nome of the

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 \$	1,570.00