Statement of Contributions Received

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Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full								
JOSEPH F. SPANOVICH Registration Number, if PAC								
Full Name of Contributor			Registratio	on Number,	II PAC			
JOSEPH F. SPANOVIELT	Employer/Occupati	on/Labor Organization* 2- 1-71	e!			Form (Cash, Check, etc.)		
165 TAGLOR RO	Employer/Occupation/Labor Organization* Po 617			CHE				
160 TAYLOR YED City CAHANNA	State	Zip Code	M	DYSY	q	Amount 375.72		
Full Name of Contributor		19230	Registrati	on Number,	if PA	C		
I the reality of Controller								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
	State Zip Code OH			1. PETITION CHSI				
City	OH State	Zip Code	07	150	9	30°0		
Full Name of Contributor				on Number				
Street Address	Employer/Occupat	ion/Labor Organization*			-1	Form (Cash, Check, etc.)		
ouce Address	RETI	RED POSTAL	: 57	amp	S	V15A		
City	State	ion/Labor Organization C P POSTAL Zip Code	M	D ,	Y	Amount		
	OH			and the second	كسلسند			
Full Name of Contributor			Registrat	ion Number	, 11 PA	C		
Street Address	Employer/Occupat	ion/Labor Organization*		10		Form (Cash, Check, etc.)		
	RETI	Zip Code	10114	Ot-V		VISA Amount		
City	Stalte OH	Zip Code	M	ו	Y	693.6Z		
Full Name of Contributor			Registrat	ion Number	, if PA	C		
Street Address	Employer/Occupat	tion/Labor Organization*	1	Manage Manage Control		Form (Cash, Check, etc.)		
	Employer/Occupation/Labor Organization CET WE			PER 1	30	VISA		
City	State OH	Zip Code	М	D	Y	Amount 185, 40		
Full Name of Contributor				ion Number				
0	In 1 10	· 7.1. O · · · · · *				Form (Cash, Check, etc.)		
Street Address	Employer/Occupa	tion/Labor Organization* // CEP RICK Zip Code	< 5 ?	MAN. YOU	<i>(</i>	76.62		
City	State OH	Zip Code	M	D	Y	Amount V15A		
Full Name of Contributor			Registrat	ion Numbe	r, if PA			
					es e			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
City	Stalte OH	Zip Code	М	D	Y	Amount		
Full Name of Contributor Registration Number, if						AC		
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)		
EAME 45		Tail C. I	1 34	I DI I	7/1	Amount		
City SAME AS ABOVE	State OH	Zip Code	M	D	ĭ	Amount		
1110				 		Barrer and the second		

Page Total

1416.36

^{*} 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 also appear. [R.C. 3517.10(B)(4)]