Statement of Contributions Received

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Prescribed by Secretary of State 2/01

Name of Committee in Full										
Committee for Joseph W. Tests Ill Name of Contributor Contributors From Farm 31-F					Registration Number, if PAC					
Cartail Ame of Contributor		31-	-F	Regist	anon i	VUIIIO	a, 11 1 A			
Street Address	Employer	Occupation	on/Labor Organization					Form (Cash, Check, etc.)		
·			_		<u>.</u>					
City	Stat	e	Zip Code	М	D	L	Y	Amount		
				03		_		6,575.00		
Full Name of Contributor	E T SIE					Registration Number, if PAC				
Contributions From For Street Address	m 31-12				_			Form (Cash, Check, etc.)		
Sheet Address	Employer	Employer/Occupation/Labor Organization*					Tom (Casa, Casa, Casa,			
City	Stat	e	Zip Code	M	D		Y	Amount		
	ĺ			03	72	4	26	2,480.00		
Full Name of Contributor			· · · · · · · · · · · · · · · · · · ·	Regist	ation N					
Contribations From For	~	31-	<u>-E</u>	<u></u>			·			
Street Address	Employer	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
City	Stat		Zip Code	M	וח		ү	Amount		
- ·	الماد	_	2.p code	06	2	6 C	, 6	1,700.00		
Full Name of Contributor					ation N		اسف			
Street Address	Employer					Form (Cash, Check, etc.)				
				T	·	,				
City	Stat	e	Zip Code	М	D		Y	Amount		
E. W.N				Regist	ration N	Jumbe	r if PA	C		
Full Name of Contributor Registration Number, if PAC										
Street Address	Employer	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
City	Sta	te	Zip Code	М	D		Y	Amount		
Full Name of Contributor Registration Number, if								VC .		
ant Address						Form (Cash, Check, etc.)				
Street Address	Employe	Employer/Occupation/Labor Organization				i viii (Casii, Ciicox, etc.)				
City	Sta	te	Zip Code	M	D	T	Y	Amount		
•										
Full Name of Contributor				Regis	ration l	Numb	er, if PA	AC		
				<u>L</u>				In (0.1.0)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City	Sta	te	Zip Code	М		7	Y	Amount		
City	314		D.p code							
Full Name of Contributor Registration Number, if P.							AC			
*:										
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)		
			T	1 - 3						
City	Sta	te	Zip Code	M		1	Y	Amount		
	1							<u> </u>		

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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)]