Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
The Committee For A Better	Clinton Township						
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Joseph M. Wing							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check,	etc.)
3863 Walford St						Check	
City	State	Zip Code	M	D .	Y	Amount	
<u>Columbus</u>	O H	43224	110		1 3		50.00
Full Name of Contributor	<u> </u>	•	Registra	tion Num	ber, if PA	С	
John Coneglio							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
1824 Hess Blvd						Check _	
City	State	Zip Code	М	Ð	Y	Amoust	-
Columbus	O H	43212	1111	217	113	1	00.00
Full Name of Contributor		<u> </u>	Registra	tion Num	ber, if PA	C	
Carl I. Reardon							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, o	etc.)
1869 Elmore Ave					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OLH	43224	112	014	113	1	00.00
Full Name of Contributor		10441			ber, if PA		00.00
					-		
Joseph M. Wing Street Address	Employer/Occur	nation/Labor Organization*			-	Form (Cash, Check,	etc.)
						Check	·
3863 Walford St	State	Zip Code	- Т м	D -	ΙΥ	Amount	
City		43224	1 2	Ε.	113		00.00
Columbus	0 H	43224			ber, if PA		.00.00
Full Name of Contributor			Registra	MICHI IVAIL			
G. Add	Employer/Occur				Form (Cash, Check,	etc.)	
Street Address	Саприоусложи				(•••-, =====	,	
	State	Izin Code	М	l D	ΙΥ	Amount	
City	State	Zip Code	"		Ι'n	[
	<u> </u>	<u> </u>	Pariete	tion Nor	uber, if PA		
Full Name of Contributor			Kegisua	HENRI MAIN	DCa, U 1 A		
						Form (Cash, Check,	etr)
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				FORM (CASA, CASA,	ш.,
		le: a .	- 1 1	T-5	Ιν	Amount	
City	State	Zip Code	M _i	l D	Y	Amonu	
		<u> </u>		1 !	1 1 CD4		
Full Name of Contributor			Registra	ation Nutt	aber, if PA	ic.	
				_		In (0.1.01.1	N
Street Address	Employer/Occur				Form (Cash, Check,	etc.)	
City	State	Zip Code	M.	l P	Y	Amount	
<u></u>		<u> </u>				<u></u>	
Full Name of Contributor		·	Registra	ation Nun	ober, if PA	AC	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check,	etc.)
\					<u> </u>		
City	State	Zip Code	М	D	Y	Amount	
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	71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	didness. If contributor is salf-	employed the	oogupatic	n and the	name 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 \$ 450.00