Statement of Contributions Received

Prescribed by Secretary of State 3/05

	-					
Name of Committee in Full		*				
CLINTON TOWNSHIP BEST	LANDIDATES CC	WIVILLER	in:	Can N-	hom if DA	C
Full Name of Contributor			Kegistra	non Num	ber, if PA	
CARL J. REARDON	IT-makes and Occur	oation/Labor Organization*		údenedsoulinspromen		Form (Cash, Check, etc.)
Street Address 1869 ELMORE AVE	Employer/Occup				CHECK	
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	0 H	43224	110	3 0	0 9	225.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
JOHN T. CONEGOLIO						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1824 HESS BLVD.			***************************************	MANAGEMENT		CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS		43212	10	3 0	0 9	345.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
				af-monmonmum.	···	
City	State	Zip Code	M	D	Y	Amount
			D	<u> </u>	L CDA	
Full Name of Contributor Registration Number, if P					iber, ii PA	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
			- 1 3/-	7	1 17	A
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
25 mm.						
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			Registra	ition Nun	ber, if PA	AC
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
	1		1			
Full Name of Contributor	ou ann ann an a		Registra	ntion Nun	ber, if PA	AC
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount
550000						
Full Name of Contributor			Registra	ation Nun	nber, if PA	ĀC
0	47 4 10			- -		Form (Cook Charlesta)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount
City	State	Zip Codo	141			
	,		ل_		سبب ب	J.

Page Total \$	570.00
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^{*} 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)]