Statement of Contributions Received

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full		- (
Committee for Joseph W	U-1e	sta				
Committee for Joseph Usersh Warrend Contributor Contributor Full Name of Contributor From For-	_ 21.	and form	Registratio	on Number, if	PAC	
Street Address	Employer/Oc	cupation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)	
City	State	Zip Code	M 042	D Y	Amount 28, 535.00	
Full Name of Contributor				on Number, if		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D Y	Amount	
Full Name of Contributor		Registratio	Registration Number, if PAC			
Street Address	Employer/Oc	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registratio	on Number, if	PAC	
Street Address	Employer/Oc			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registrati	on Number, i	TPAC	
Street Address	Employer/O		Form (Cash			
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employer/C	<u> </u>	Form (Cash, Check, etc.)			
City	State	Zip Code	М	DY	Amount	
Full Name of Contributor			Registrat	tion Number,	if PAC	
Street Address	Employer/C		Form (Cash, Check, etc.)			
City	State	Zip Code	M	D Y	Amount	
Full Name of Contributor			Registra	tion Number,	if PAC	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Amount	

* 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)]

Page Total \$ 28,535.00