## Statement of Contributions Received

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Prescribed by Secretary of State 2/01

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Name of Committee in Full		acceptation and	- I					STATE	
Committee ter Voseph	W	/	es fa	******************************		Anni di manana mana	merel Visionia		
Full Name of Contributor		P	4	Regist	tration	ı Numl	er, if P.	AC	
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Colomba	State	H	Zip Code 4-3 2-15	M	1 6	1 1	Y 06	Amount 15,000.00	
Full Name of Contributor J. P. Morgan Chase PAC					Registration Number, if PAC				
Street Address		Occupatio	on/Labor Organization*	<u> </u>				Form (Cash, Check, etc.)	
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Full Name of Contributor				Regis	tratio	n Num	ber. if P	AC	
Full Name of Contributor Registration Number, if PAC									
Street Address	Employer/Occupation/Labor Organization*				and and another or		secondario de la compansión de la compan	Form (Cash, Check, etc.)	
Street Address	Employer								
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Full Name of Contributor Registration Number, if PAC								PAC	
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Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
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Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
NAME OF THE PROPERTY OF THE PR	2								
City	Stat	e	Zip Code	M	Т	D	Y	Amount	
			J				and more recovering	and American contract of the c	

Page Total \$ 16,500.00

<sup>\*</sup> 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)]