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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR COOD COVERNMENT								
CITIZENS FOR GOOD GOVERNMENT Full Name of Contributor			Registration Number, if PAC					
Alan Hinson			A C g l a l a l	aou (Yuli)	ooi, ii i /1	~		
Street Address	Employer/Occurs	ntion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
	Employer/Occupa	atom Labor Organization						
7518 Ogden Woods	Ctata	Tzin Codo	M	n	Y	Check Amount		
Novy Albony	State O H	Zip Code 43054	1 .	D 2 0	0 9	100.00		
New Albany Full Name of Contributor		1 JUJ1	O THE OWNER OF THE OWNER OWNER OF THE OWNER		hansmannarensensen en 17			
Full Name of Contributor Registration Number, if PAC Charleen Hinson								
Street Address	Employer/Occurs	ntion/Labor Organization*	L			Form (Cash, Check, etc.)		
4520 Kitzmiller Rd	Employer/Occupa	anon babor Organization				Check		
City	State	Zip Code	M	D	Y	Amount		
	OH	43054	$\begin{vmatrix} 1 \\ 1 \end{vmatrix} 0$		0 9	100.00		
New Albany Full Name of Contributor		TUUT			ber, if PA			
John Kessler			negion a	aon i vuili	ooi, 11 1 / V	<u> </u>		
Street Address	Employer/Occups	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)		
	Енфюусиоссира	Employer/Occupation/Labor Organization*				Check		
4 Bottomly Crescent	State	Zip Code	T M	D	Υ	Amount		
New Albany	OH	43054	1	1 5		250.00		
Full Name of Contributor		10001			ber, if PA			
M/I Homes PAC				1203	,	-		
Street Address	Employer/Occups	ation/Labor Organization*		<u> </u>		Form (Cash, Check, etc.)		
3 Easton Oval, Suite 500	Eproyer coupe					Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43219	1 0		1	2,500.00		
Full Name of Contributor			and the second s	and the second second second second	ber, if PA			
Lori Mohre								
Street Address	Employer/Occupa	ation/Labor Organization*	<u></u>			Form (Cash, Check, etc.)		
4480 Middle Aspinwall	1 , , , , , , , , , , , ,	· ·				Check		
City	State	Zip Code	M	D	Y	Amount		
New Albany	OH	43054	110	1 9	0 9	100.00		
Full Name of Contributor					ber, if PA			
Leslie H. Wexner								
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			securio e e e e e e e e e e e e e e e e e e e	Form (Cash, Check, etc.)		
220 Market St	1	v Albany Compan	v			Check		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	1 0	2 3	0 9	10,000.00		
Full Name of Contributor					ber, if PA			
Harry Lehman						× .		
Street Address	Employer/Occup	ation/Labor Organization*		CONTRACTOR CONTRACTOR	aprijos com transcrio concesió	Form (Cash, Check, etc.)		
5 Pickett Place						Check		
City	State	Zip Code	М	D	Y	Amount		
New Albany	OH	43054	1 0	1 6	0 9	100.00		
Full Name of Contributor Registration Number, if PA					С			
Robert C. White, Jr								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1533 Shore Drive	New All	New Albany Ventures LLC			Check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43204	1 1	0 4	0 9	1,000.00		
						^ ·		

Page Total \$ 14,150.00

^{*} 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)]