Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Friends of Michelle Mineo				
Full Name of Contributor Michelle Mineo			Registration Number, if P	AC
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
783 S Cassingham Rd	Self Employed			cash
City Columbus	State OH	Zip Code 43209	0 8 2 8 1 7	Amount \$100.00
Full Name of Contributor Registration Number, if PAC				AC
James Ryan Street Address	1			F (C1 Cl1)
7310 Snowberry Lane	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.) check
City	State	Zip Code	M D Y	Amount
Canal Winchester	OH _.	43110	0 8 2 8 1 7	\$100.00
Full Name of Contributor Kenneth Mineo			Registration Number, if PAC	
Street Address 4087 Dobbins Road, Villa 9	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	check Amount
Poland	ОН	44514	0 9 0 9 1 7	\$600.00
Full Name of Contributor James Mineo				AC
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
109 Saybrook Blvd				check
City Columbiana	State OH	Zip Code 44408	0 9 0 3 1 7	Amount \$250.00
Full Name of Contributor Registration Number, if PAC				AC
Audrey Snyder Street Address Employer/Occupation/Labor Occupation* Form (Cash, Check, etc.				
78 N Merkle Rd	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43209	0 9 0 5 1 7	\$40.00
Full Name of Contributor Mary Byrne Registration Number, if I				AC
Street Address 805 Euclair Ave	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43209	090917	\$50.00
Full Name of Contributor Sean Turner			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
S Cassady Ave		Zip Code	M D Y	check Amount
City Columbus	State OH	43209	0 9 1 1 1 7	\$30.00
Full Name of Contributor Registration Number, if PAC Mark Steele				
Street Address 799 S Cassingham Road	Employer/Occup	oation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D Y	check Amount
Columbus	OH	43209	0 9 1 6 1 7	\$50.00

Page Total \$1,220.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]