

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins, Jr Republican Ward I Council 1 Seat Committee							
Full Name of Contributor FABRICIA DORGAN - hole SPONSOR						Registration Number, if PAC	
Street Address 2866 MATTHEWS WAY		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 4072	
City Naples	State FL	Zip Code 34119	M 0	D 3	Y 09	Amount 100.00	
Full Name of Contributor Boutelis AutoCare - hole SPONSOR						Registration Number, if PAC	
Street Address 6050 E LIVINGSTON AVE		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 29715	
City Columbus	State OH	Zip Code 43232	M 0	D 4	Y 12	Amount 100.00	
Full Name of Contributor Nicholas Menedis - hole SPONSOR						Registration Number, if PAC	
Street Address 7511 DAUGHERTY DR.		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 12233	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 3	Y 28	Amount 100.00	
Full Name of Contributor Kelly BMW - Hole in one insurance + donation						Registration Number, if PAC	
Street Address 4050 MORSE RD		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 008886	
City Columbus	State OH	Zip Code 43230	M 0	D 3	Y 31	Amount 587.00	
Full Name of Contributor Michael Benoit - donation						Registration Number, if PAC	
Street Address 1608 LAKE HILL LANE		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 5947	
City PLANO	State TX	Zip Code 75023	M 0	D 2	Y 17	Amount 100.00	
Full Name of Contributor A and A Consultants - hole SPONSOR						Registration Number, if PAC	
Street Address 1015 KEN WAY CT		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 3249	
City Columbus	State OH	Zip Code 43220	M 0	D 2	Y 13	Amount 100.00	
Full Name of Contributor Perry Results Group - hole SPONSOR						Registration Number, if PAC	
Street Address 3738 PINE BARK RD		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) 1284	
City Powell	State OH	Zip Code 43065	M 0	D 4	Y 10	Amount 100.00	
Full Name of Contributor						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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)]

Page Total \$ **1187.00**