Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Peak Property Group: c/o Jay Harkrider			Registration Number, if PAC	
t in the second of the second	_		<u>L</u>	
Street Address 1515 W Lane Ave	Employer/Occup	ation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	1 0 2 5 1 0	Amount \$50.00
Full Name of Contributor	<u> </u>		Registration Number, if P	AC
Committee for Kim Montgomery				
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43206	1 0 2 5 1 0	\$2,000.00
Full Name of Contributor Hal Keller Registration Number, if PAC				AC
Street Address	Employer/Occup	ation/Labor Organization		Form (Cash, Check, etc.)
543 Greenglade Ave	State	Zip Code	LW IS IV	EFT
City Worthington	OH	43085	$\begin{array}{c c} & M \\ 1 & 0 \\ 2 & 5 \\ 1 & 0 \end{array}$	Amount \$250.00
Full Name of Contributor	<u> </u>	•	Registration Number, if P	AC
Jeff DeLeone				
Street Address	Employer/Occup	ation/Labor Organization*	E we	Form (Cash, Check, etc.)
137 E State St				Check
City Columbus	State OH	Zip Code 43215	1 0 2 6 1 0	Amount \$150.00
Full Name of Contributor Registration Number, if PAC				AC
Cleveland Ave Professional Center, LLC: c/o Samuel Mallikha				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
7953 Kennedy Rd				Check
City Blacklick	State OH	Zip Code 43004	$\begin{bmatrix} 1 & 0 & 2 & 7 & 1 & 0 \\ 1 & 0 & 2 & 7 & 1 & 0 \end{bmatrix}$	Amount \$500.00
Full Name of Contributor	1	<u> </u>	Registration Number, if P	AC
A B Simer				
Street Address 2 Bottomless Crescent	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
	State	Zip Code	V D V	Amount
City New Albany	OH	43054	1 0 2 7 1 0	\$2,800.00
Full Name of Contributor Marcia Flaherty			Registration Number, if P	AC
Street Address 4433 Smothers Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Westerville	State OH	Zip Code 43081	M D Y 1	Amount \$150.00
		73001		
Full Name of Contributor Jeff Kaplan			Registration Number, if P	AC .
Street Address	Employer/Occup	ation/Labor Organization*	•	Form (Cash, Check, etc.)
2220 s 3B's & K Rd]			Check
City Galena	State OH	Zip Code 43021	M D Y 1 0	Amount \$50.00
I	VI	1002	1,10,51,1,10	\$00.00

Page Total \$5,950.00

^{*} 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)]