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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends of Michelle Mineo				
Full Name of Contributor Matt Mineo			Registration Number, if	PAC
Street Address 423 Ewing Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Boardman	State OH	Zip Code 44512	M D Y 0 9 1 8 1 7	Amount \$50.00
Full Name of Contributor Victoria Frost			Registration Number, if	PAC
Street Address 753 S Roosevelt Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal	
City Columbus	State OH	Zip Code 43209	M D Y 0 9 2 1 1 7	Amount \$40.00
Full Name of Contributor Troy Markham		Registration Number, if PAC		
Street Address 875 S Remington Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) paypal	
City Columbus	State OH	Zip Code 43209	1 0 1 2 1 7	Amount \$40.00
Full Name of Contributor Emily Brown Registration Number,		PAC		
Street Address 1288 Highland St	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Columbus	State OH	Zip Code 43201	1 0 1 1 1 7	Amount \$40.00
Full Name of Contributor Registration Number, if PAC Gretchen Webster				
Street Address 1017 Euclaire Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) paypal
City Columbus	State OH	Zip Code 43209	$\begin{bmatrix} M \\ 0 \end{bmatrix} 9 \begin{bmatrix} D \\ 3 \end{bmatrix} 0 \begin{bmatrix} Y \\ 1 \end{bmatrix} 7$	Amount \$40.00
Full Name of Contributor Audrey Snyder Registration Number, if PAC				PAC
Street Address 895 Chelsea Ave	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) 4536	
City Columbus	State OH	Zip Code 43209	0 9 0 5 1 7	Amount \$40.00
Full Name of Contributor	√ame of Contributor Registration N		Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor Registration Number, if PAC			PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$250.00

^{*} 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)]