Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Fred Deskins, Jr. Republican Ward 1 Council Seat Committee				
Full Name of Contributor Boutelis Auto Care Hole Sponsor	· ·		Registration Number, if Pa	AC
Street Address 6050 E. Livingston Avenue	Employer/Occupation/Labor Organization* Juniferz Boutelis			Form (Cash, Check, etc.) Check # 29715
City Columbus	State OH	Zip Code 43232	M D Y 0 4 1 2 1 0	Amount \$100.00
Full Name of Contributor Nicholas Menedis Hole Sponsor Registration Number, if PA				AC
Street Address 7511 Daugherty Drive	Employer/Occupation/Labor Organization*		_	Form (Cash, Check, etc.) Check # 12233
City Reynoldsburg	State OH	Zip Code 43068	M D Y O B 1 0	Amount \$100.00
Full Name of Contributor Kelly BMW Hole in One Insurance and Donation Registration Number, if PAC				AC
Street Address 4050 Morse Road	Employer/Occupation/Labor Organization Eric Robare			Form (Cash, Check, etc.) Check # 008886
Čity Columbus	State OH	Zip Code 43230	0 3 3 1 1 0	Amount \$587.00
Full Name of Contributor Registration Number, if PAC Michael Benoit Donation				
Street Address 1608 Lake Hill Drive	Employer/Occupat	tion/Labor Organization*		Form (Cash, Check, etc.) Check # 5947
City Plano	State TX	Zip Code 75023	0 2 1 7 1 0	Amount \$100.00
Full Name of Contributor A&A Consultants Hole Sponsor Registration Number, if PAC				
Street Address 1015 Kenway Court	Employer/Occupation/Labor Organization* Alfred Staubus			Form (Cash, Check, etc.) Check # 3249
City Columbus	State OH	Zip Code 43220	0 2 1 3 1 0	\$100.00
Full Name of Contributor Perry Results Group Hole Sponsor Registration Number, if P				A.C
Street Address 3738 Pine Bark Road	Employer/Occupa Louis Perry	tion/Labor Organization*		Form (Cash, Check, etc.) Check # 1284
City Powell	State OH	Zip Code 43065	0 4 1 0 1 0	Amount \$100.00
Full Name of Contributor Fred Henderson Golfer Fees, Check 75.00, Cash 5.00				
Street Address 740 S. Broadleigh Road	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check # 1874
City Columbus	State OH	Zip Code 43209	0 4 2 4 1 0	Amount \$80.00
Full Name of Contributor Registration Number, if Pa				AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	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)]