

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						-	
Citizens for the Minerva Park Inco	me Tax	_					
Full Name of Contributor				Registration Number, if PAC			
not required to report	In 1 10				-	I- :	
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43231	0 7		1 4		
Full Name of Contributor Lenore Gregore			Registra	ition Num	ber, if PA	С	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
2678 Woodley Rd.	Lispioyenoccu	Employer Octupation Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Columbus	o h	43231	018	210	1 4	1,000.00	
Full Name of Contributor Registration Number, if PAC							
Street Address	[Fmalaure/Osaur	oation/Labor Organization*			· · · · · · · · ·	Form (Cash, Check, etc.)	
Silver Address	Employer/Occup	:			Point (Casil, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
					1		
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
2	In 1 10						
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
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	
•		1					
Full Name of Contributor Registration Number, if PAC						С	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
			1	1			
Full Name of Contributor Registration Number, if PA					С		
Street Address	Employer/Occur	action (Labor Organization)				Form (Cash, Check, etc.)	
Succe Address	Employer/Occupation/Labor Organization*					Tom (Casi, Cack, etc.)	
City	State	Zip Code	M	D	Y	Amount	
·		<u> </u>	1			<u> </u>	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
			<u> </u>				
soviered for contributions from individuals over \$100 to statewide o		16 16	.1				

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	1,025.00