

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo							
Full Name of Contributor John Kessler					Registration Number, if PAC		
Street Address No 4 Bottomley Crescent		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$250.00	
Full Name of Contributor Columbus Apartment Association					Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$250.00	
Full Name of Contributor Merom Brachman					Registration Number, if PAC		
Street Address 311 N Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0	Amount \$200.00	
Full Name of Contributor Terrence Arnold					Registration Number, if PAC		
Street Address 7200 Lakebrook Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Mark Arnold					Registration Number, if PAC		
Street Address 1400 Haft Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 0	Amount \$150.00	
Full Name of Contributor Alice Flowers					Registration Number, if PAC		
Street Address 46 N Ohio Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43203	M 1	D 0	Y 0	Amount \$25.00	
Full Name of Contributor Bailey Cavalieri LLC : c/o Bill Adams					Registration Number, if PAC		
Street Address 10 W Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$150.00	
Full Name of Contributor Richard Loveland					Registration Number, if PAC		
Street Address 50 W Broad St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$50.00	

* 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)]

Page Total **\$1,175.00**