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Statement of Contributions Received

Prescribed by Secretary of State 3/05

by Maria san			<u> </u>				
Name of Committee in Full	Г						
Citizens for the Minerva Park Income	ıax			In		ico.	
<u> </u>				Registra	anon Nun	iber, if PA	iC
Jennifer Pauken Street Address	Employer	Occupa	ation/Labor Organization*				E (Cost Charle and
2531 Woodley Road	Employer	Оссира	montation Organization				Form (Cash, Check, etc.)
City	Sta	•-	Zip Code	Тм	l D	Τν	
I	1	H	I -	1	113	Y 1 4	Amount 2= 00
Columbus Full Name of Contributor	101		43231			ber, if PA	35.00
John Michels				Kegistra	1110H) 14GH	ioci, n ra	ic .
Street Address	Employer	/Occurs	ution/Labor Organization*				Form (Cash, Check, etc.)
5299 Ponderosa Dr.	Lampioyer	оссира	dion Labor Organization				Form (Cash, Check, etc.)
City	Stat	ta	Zip Code	М	D	Y	Amount
Columbus	,	h	43231	0 2	1 .	$\begin{vmatrix} 1 & 4 \end{vmatrix}$	•
Full Name of Contributor	0 1		43231			ber, if PA	35.00
Ed Detwiler				Legistia	TOOM IAMI	aci, II I'A	
Street Address	Employer	/Occups	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
5361 Park Lane Dr.	Lampio, el	. Occupa	AND LABOR OF BRIDADION				TOTAL (CAMI, CHECK, CIC.)
City	Sta	te	Zip Code	Тм	l D	Y	Amount
Columbus		h	43231	1	15! 1	41	35.00
Full Name of Contributor	0		1 +3231			ber, if PA	
Lynn Eisentrout				Registro	4400 1100	1001, 11 1 2	
Street Address	Employer	/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
2753 Wildwood Rd.	, , , , , , , , , , , , , , , , , , ,	Оттири	mon passon organization				isim (cital, circle, cic.)
City	Sta	te	Zip Code	М	l D	Y	Amount
Columbus	0	h	43231	012	_	114	35.00
Full Name of Contributor	1 0 1		1 40201				
Full Name of Contributor Registration Number, if PAC Pam Park-Curry							
Street Address	Employer	/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
2559 Lakewood Dr.	' *	•	Ü				,
City	Star	ic	Zip Code	М	D	Y	Amount
Columbus	0	h	43231	012	01	114	35.00
Full Name of Contributor	, ,					iber, if PA	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City	Sta	te	Zîp Code	М	D	Y	Amount
	1			1 1		1	
Full Name of Contributor			1	Registra	tion Nun	ber, if PA	C
Street Address	Employer	/Оссира	tion/Labor Organization*	•			Form (Cash, Check, etc.)
City	Star	te	Zip Code	М	D	Y	Amount
						1	,
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
							i '
City	Sta	te	Zip Code	М	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	175.00