

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for the Minerva Park Income Tax							
Full Name of Contributor Jennifer Pauken					Registration Number, if PAC		
Street Address 2531 Woodlev Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State O H	Zip Code 43231	M 0 2	D 1 3	Y 1 4	Amount 35.00	
Full Name of Contributor John Michels					Registration Number, if PAC		
Street Address 5299 Ponderosa Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State o h	Zip Code 43231	M 0 2	D 1 1	Y 1 4	Amount 35.00	
Full Name of Contributor Ed Detwiler					Registration Number, if PAC		
Street Address 5361 Park Lane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State o h	Zip Code 43231	M 0 2	D 1 1	Y 4 	Amount 35.00	
Full Name of Contributor Lynn Eisentrout					Registration Number, if PAC		
Street Address 2753 Wildwood Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State o h	Zip Code 43231	M 0 2	D 1 4	Y 1 4	Amount 35.00	
Full Name of Contributor Pam Park-Curry					Registration Number, if PAC		
Street Address 2559 Lakewood Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Columbus	State o h	Zip Code 43231	M 0 2	D 0 1	Y 1 4	Amount 35.00	
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	
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	
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	

* 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