

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Friends Of Michelle Mineo							
Full Name of Contributor Shara Reiss					Registration Number, if PAC		
Street Address 175 S Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 1 1 1 7	Amount \$36.00	
Full Name of Contributor William Kay					Registration Number, if PAC		
Street Address 216 S Ardmore		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2 5 1 7	Amount \$100.00	
Full Name of Contributor Beth Sauer					Registration Number, if PAC		
Street Address 104 N Remington		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2 6 1 7	Amount \$50.00	
Full Name of Contributor Amy Winer					Registration Number, if PAC		
Street Address 908 S Cassingham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0 1 1 7	Amount \$40.00	
Full Name of Contributor Monique Lampke					Registration Number, if PAC		
Street Address 2447 Plymouth Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0 3 1 7	Amount \$50.00	
Full Name of Contributor Kay Helman					Registration Number, if PAC		
Street Address 63 S Cassady Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0 4 1 7	Amount \$50.00	
Full Name of Contributor Kenneth Mineo					Registration Number, if PAC		
Street Address 4087 Dobbins Road, Villa 9		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Poland	State OH	Zip Code 44514	M 1	D 0	Y 0 5 1 7	Amount \$500.00	
Full Name of Contributor Scott Bowling					Registration Number, if PAC		
Street Address 705 Montrose Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0 7 1 7	Amount \$200.00	

* 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 **\$1,026.00**