

# Statement of Contributions Received

Prescribed by Secretary of State 03.05

Name of Committee in Full							
<b>FRIENDS OF MINDY LAMBERT</b>							
Full Name of Contributor					Registration Number, if PAC		
MARK BAINBRIDGE							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2250 YORKSHIRE ROAD					CHECK		
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43221	1	0	1	6	15
Full Name of Contributor					Registration Number, if PAC		
Mindy Lambert							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
1986 Keswick					check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43220	1	0	1	6	15
Full Name of Contributor					Registration Number, if PAC		
MARY CUMMINS							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3151 REDDING RD					CHECK		
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43221	1	0	1	5	15
Full Name of Contributor					Registration Number, if PAC		
Martha Brawley							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
3117 Carisbrook Rd.					check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	1	0	2	0	15
Full Name of Contributor					Registration Number, if PAC		
Jim Becker							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4380 Braunton Rd.					cash		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	1	0	2	8	15
Full Name of Contributor					Registration Number, if PAC		
George Momirov							
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
2642 Clifton Road					check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43221	1	0	2	1	15
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	
	OH						
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	
	OH						

\* 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)]