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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo					
Full Name of Contributor Victor Goodman			Registration Number, if P	AC	
Street Address 7482 Kings George Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	1 0 1 8 1 0	Amount \$200.00	
Full Name of Contributor William Dargusch		<u> </u>	Registration Number, if P	AC	
Street Address 2120 E Broad St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	1 0 1 8 1 0	Amount \$250.00	
Full Name of Contributor Thomas Hoaglin				Registration Number, if PAC	
Street Address 43 Preston Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	1 0 1 8 1 0	Amount \$250.00	
Full Name of Contributor Registration Number, if PAC Linda Gregory					
Street Address 5850 Sunbury Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	1 0 1 8 1 0	Amount \$75.00	
Full Name of Contributor James Kime		***************************************	Registration Number, if P	AC	
Street Address 2550 W 5th Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204	1 0 1 8 1 0	Amount \$10.00	
Full Name of Contributor Registration Number, if PAC				AC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		<u> </u>	Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	
Full Name of Contributor Registration Number, if Pa				AC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D Y	Amount	

Page Total \$785.00

^{*} 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)]