Page _3

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor			Registration Numl	ber, if PA	С,	
Contributions From Form 31-E				,		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 6 1 7	1 4	Amount \$3,050.00	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Num	ber, if PA	С	
Contributions From Form 31-E						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		F		
City	State OH	Zip Code	0 7 3 D	1 4	Amount \$94,181.00	
Full Name of Contributor Contributions From Form 31-E			Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 8 1 3	1 4	Amount \$13,215.00	
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registration Numb	ber, if PA	C	
Contributions From Form 31-E						
Street Address	Employer/Occu	upation/Labor Organization*		Ü	Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 9 0 4	1 4	Amount \$475.00	
Full Name of Contributor Contributions From Form 31-E			Registration Numb	ber, if PA	С	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State OH	Zip Code	0 9 1 3	1 4	Amount \$950.00	
Full Name of Contributor			Registration Numb	Registration Number, if PAC		
Contributions From Form 31-E						
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	1 0 0 1	1 4	Amount \$4,275.00	
Full Name of Contributor Contributions From Form 31-E			Registration Number, if PAC			
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M D 1 0 0 2	1 4	Amount \$7,875.00	
Full Name of Contributor Contributions From Form 31-E			Registration Numb	ber, if PA	C C	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	1 0 0 8	1 4	Amount \$3,900.00	

Page Total \$127,921.00

^{*} 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)]