

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Daniel Rankin						Registration Number, if PAC			
Street Address 5515 Scioto Darby Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Eric Laeufer						Registration Number, if PAC			
Street Address 13831 Sunladen Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pickerington		State OH		Zip Code 43147		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Terrence Arnold						Registration Number, if PAC			
Street Address 7200 Lakebrook Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor James O'Block						Registration Number, if PAC			
Street Address 2618 Hoover Crossing				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Roy Girod						Registration Number, if PAC			
Street Address 1505 Ramblewood Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0		D 7	
						Y 1		Amount \$25.00	
Full Name of Contributor Kirk Herath						Registration Number, if PAC			
Street Address 3381 Anchorage Ln				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Vince Romanelli						Registration Number, if PAC			
Street Address 148 W Schrock Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State OH		Zip Code 43081		M 0		D 7	
						Y 1		Amount \$250.00	
Full Name of Contributor William Fennell						Registration Number, if PAC			
Street Address 943 Norway Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$50.00	

* 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 **\$675.00**