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Statement of Contributions Received

Form 31_A

ORC 3517.10

Full Name of Committee					
Citizens for Mingo					
Full Name of Contributor Registration				Registration Number	er, if PAC
Total Contributions From Form 31-E					
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
	ОН				26,370.00
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	DYYYY)	Amount
Full Name of Contributor Registr			Registration Number	er, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor Registration Nu				Registration Numb	er, if PAC
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount

*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 26,370.00