

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Ridvan Uysaler						Registration Number, if PAC			
Street Address 2223 Sunleaf Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 1	D 2	Y 0	Y 8	Amount \$200.00
Full Name of Contributor Turbo Logo LLC: c/o L R Cox						Registration Number, if PAC			
Street Address 332 Gudrun Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43202		M 1	D 1	Y 0	Y 8	Amount \$100.00
Full Name of Contributor James Clark						Registration Number, if PAC			
Street Address 5945 Whittingham Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 1	D 1	Y 0	Y 8	Amount \$200.00
Full Name of Contributor Donald Brey						Registration Number, if PAC			
Street Address 1135 Kingslea Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 1	D 1	Y 0	Y 8	Amount \$100.00
Full Name of Contributor S Michael Miller						Registration Number, if PAC			
Street Address 4722 Shire Ridge			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hillard		State OH	Zip Code 43026		M 1	D 1	Y 0	Y 8	Amount \$50.00
Full Name of Contributor Robert Behal						Registration Number, if PAC			
Street Address 2531 Brentwood Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 1	D 1	Y 0	Y 8	Amount \$150.00
Full Name of Contributor William Csepló						Registration Number, if PAC			
Street Address 6012 Glenfinnan Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 1	D 1	Y 0	Y 8	Amount \$100.00
Full Name of Contributor Richard Holstein						Registration Number, if PAC			
Street Address P O Box 7651			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43207		M 1	D 1	Y 0	Y 8	Amount \$400.00

* 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 **\$1,300.00**