

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo									
Full Name of Contributor Committee for Joseph W Testa, Ross Chambers, Treasurer							Registration Number, if PAC		
Street Address 12364 Thoroughbred Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pickerington		State OH		Zip Code 43147		M 0		D 9	
						Y 1		Amount \$40,000.00	
Full Name of Contributor Central Ohio Realtors PAC							Registration Number, if PAC CP401		
Street Address 2700 Airport Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43219		M 1		D 0	
						Y 0		Amount \$500.00	
Full Name of Contributor John Lee							Registration Number, if PAC		
Street Address 648 Mohawk St				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43206		M 1		D 0	
						Y 2		Amount \$250.00	
Full Name of Contributor Karin Andres							Registration Number, if PAC		
Street Address 1557 Lafayette Dr., Apt B				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 1		D 1	
						Y 0		Amount \$30.00	
Full Name of Contributor Leslie Wexner							Registration Number, if PAC		
Street Address 3 Limited Parkway				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43230		M 1		D 1	
						Y 0		Amount \$1,000.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						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 **\$41,780.00**