

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo						
Full Name of Contributor EPMS LLC: c/o Michael Bennett				Registration Number, if PAC		
Street Address 1083 Pennsylvania Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor Gordon Shuler				Registration Number, if PAC		
Street Address 145 E Rich St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$100.00
Full Name of Contributor Robert Burman				Registration Number, if PAC		
Street Address 601 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$250.00
Full Name of Contributor FOP Political Education Fund				Registration Number, if PAC LA198		
Street Address 6800 Schrock Hill Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 1	Y 0	Amount \$500.00
Full Name of Contributor Robert Yoakam				Registration Number, if PAC		
Street Address 6345 Taggart Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Delaware	State OH	Zip Code 43015	M 1	D 1	Y 0	Amount \$100.00
Full Name of Contributor Reminger & Reminger PAC				Registration Number, if PAC CP495		
Street Address 101 Prospect Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Cleveland	State OH	Zip Code 44115	M 1	D 1	Y 0	Amount \$250.00
Full Name of Contributor Zeiger, Tigges & Little, LLP: c/o John W Zeiger				Registration Number, if PAC		
Street Address 41 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0	Amount \$250.00
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount \$300.00

* 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 **\$2,250.00**