

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|-------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-------------------------------------------|---------------------------|
| Name of Committee in Full Citizens for Mingo | | | | |
| Full Name of Contributor Fishel, Haas, Kim Albrecht LLP; c/o Ben Albrecht | | | Registration Number, if PAC | |
| Street Address 400 S 5th St | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Elizabeth Bundy | | | Registration Number, if PAC | |
| Street Address 2075 Fair Ave | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$500.00 |
| City Columbus | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Ed Overmyer | | | Registration Number, if PAC | |
| Street Address 2480 Stonehaven Pl | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Murray Davis | | | Registration Number, if PAC | |
| Street Address 360 S Columbia Ave | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$250.00 |
| City Bexley | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Vince Romanelli | | | Registration Number, if PAC | |
| Street Address 148 W Schrock Rd | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$100.00 |
| City Westerville | State OH | Zip Code 43081 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Kevin Cogan | | | Registration Number, if PAC | |
| Street Address 325 John H McConnell Blvd | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Brad Dehays | | | Registration Number, if PAC | |
| Street Address 2006 Cambridge Blvd | Employer/Occupation/Labor Organization* | | M D Y 1 0 2 3 1 4 | Amount \$250.00 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

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1,650.00