

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nationwide Mutual Insurance PAC			Registration Number, if PAC COOO76174	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Werth			Registration Number, if PAC	
Street Address 4527 Tavistock Circle	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Delena Ciamacco			Registration Number, if PAC	
Street Address 4531 Walnut St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$250.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jonthan Hughes			Registration Number, if PAC	
Street Address 8168 Lombard Way	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$500.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Street Address 1990 Hampshire Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Casto Family Funding LLC; c/o Don Casto			Registration Number, if PAC	
Street Address 191 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	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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Page Total \$ 2,950.00