

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

Prescribed by Secretary of State 03/05

|  |   |                          |               |   |                             |
|--|---|--------------------------|---------------|---|-----------------------------|
| Name of Committee in Full<br><b>Citizens for Mingo</b> |   |                          |               |   |                             |
| Full Name of Contributor<br><b>A J Myers</b>           |   |                          |               | Registration Number, if PAC                     |                             |
| Street Address<br><b>384 Eastmoor Blvd</b>             | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Columbus</b>                                | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$250.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>John Hondros</b>        |   |                          |               | Registration Number, if PAC                     |                             |
| Street Address<br><b>7228 Greenward Rd</b>             | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>New Albany</b>                              | State<br><b>OH</b>                      | Zip Code<br><b>43054</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$1,000.00</b> |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>Rodney Wassertrom</b>   |   |                          |               | Registration Number, if PAC                     |                             |
| Street Address<br><b>290 N Parkview Ave</b>            | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Bexley</b>                                  | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$250.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>Jeffrey Meyer</b>       |   |                          |               | Registration Number, if PAC                     |                             |
| Street Address<br><b>195 S Columbia Ave</b>            | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Bexley</b>                                  | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$125.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>Murray Davis</b>        |   |                          |               | Registration Number, if PAC                     |                             |
| Street Address<br><b>360 S Columbia Ave</b>            | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Bexley</b>                                  | State<br><b>OH</b>                      | Zip Code<br><b>43209</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$125.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>MSC PAC</b>             |   |                          |               | Registration Number, if PAC<br><b>COO309468</b> |                             |
| Street Address<br><b>333 E Federal St</b>              | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Youngstown</b>                              | State<br><b>OH</b>                      | Zip Code<br><b>44503</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$100.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |
| Full Name of Contributor<br><b>Buckeye Patriot PAC</b> |   |                          |               | Registration Number, if PAC<br><b>COO239905</b> |                             |
| Street Address<br><b>2525 N Limestone St</b>           | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b> | D<br><b>1</b>                                   | Y<br><b>2</b>               |
| City<br><b>Springfield</b>                             | State<br><b>OH</b>                      | Zip Code<br><b>45503</b> | 3<br><b>1</b> | 3<br><b>3</b>                                   | Amount<br><b>\$500.00</b>   |
| Form (Cash, Check, etc.)<br><b>Check</b>               |   |                          |               |   |                             |

\* 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

|  |  |
|--|--|
|  |  |
|--|--|

Total expenditures this event.

|  |  |
|--|--|
|  |  |
|--|--|

Page Total \$ **\$2,350.00**