

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Charles Griffith</b>			Registration Number, if PAC	
Street Address <b>522 N State St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$100.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Pizzuti PAC</b>			Registration Number, if PAC <b>OH1260</b>	
Street Address <b>629 N High St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Taft, Stettinius &amp; Hollister Fund</b>			Registration Number, if PAC <b>OH1146</b>	
Street Address <b>425 Walnut St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$1,000.00</b>
City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45202</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>David Butler</b>			Registration Number, if PAC	
Street Address <b>405 Ashmoore Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$50.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>W Keith Stevens</b>			Registration Number, if PAC	
Street Address <b>1620 E Broad St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$2,500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43203</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Randy Best</b>			Registration Number, if PAC	
Street Address <b>10035 Juliana Circle</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$100.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Michael Wettrich</b>			Registration Number, if PAC	
Street Address <b>6470 Morningside Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   2   5   1   6	Amount <b>\$200.00</b>
City <b>Lewis Center</b>	State <b>OH</b>	Zip Code <b>43035</b>	Form (Cash, Check, etc.) <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

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Total expenditures this event.

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Page Total \$ **\$4,950.00**