

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 Joe Jackson				Registration Number, if PAC	
Street Address 100 E Wilson Bridge Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$25.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Showe Management LLC; c/o Andrew Showe				Registration Number, if PAC	
Street Address 45 N Fourth St		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC COOO73155	
Street Address 127 Public Sq		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$500.00
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Wasserstrom				Registration Number, if PAC	
Street Address 2300 Lockbourne Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$500.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Citizens for Cheryl Grossman; c/o Larry Earman				Registration Number, if PAC	
Street Address 3143 Park St		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$100.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric Laeuffer				Registration Number, if PAC	
Street Address 13831 Sunladen Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$1,000.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dorothy Teater				Registration Number, if PAC	
Street Address 3272 Cleeve Hill		Employer/Occupation/Labor Organization*		M D Y 0 7 2 2 1 6	Amount \$500.00
City Dublin		State OH	Zip Code 43017	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 \$ **\$2,725.00**