

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 Roetzel & Andress PAC			Registration Number, if PAC CP759	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$500.00
Full Name of Contributor Nationwide Better Citizenship PAC			Registration Number, if PAC OH259	
Street Address 1 Nationwide Plaza	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff, c/o James L Ervin Jr.			Registration Number, if PAC	
Street Address 41 S High St., Suite 2600	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$250.00
Full Name of Contributor Frederick Benton			Registration Number, if PAC	
Street Address 786 S Front St., Suite 204	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$500.00
Full Name of Contributor James Ervin			Registration Number, if PAC	
Street Address 2979 Landen Farm Rd	Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Full Name of Contributor Joy Marshall			Registration Number, if PAC	
Street Address 2745 Scottwood Rd	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$100.00
Full Name of Contributor H Lee Thompson			Registration Number, if PAC	
Street Address 85 E Gay St., Suite 810	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$75.00

* 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 \$ **\$2,525.00**