

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 Jonathan Meyer			Registration Number, if PAC	
Street Address 85 Stanberry Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Brandt			Registration Number, if PAC	
Street Address 5187 Smothers Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$75.00
City Westerville	State OH	Zip Code 45081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Whitt Sturtevant LLP; c/o Mark Whitt			Registration Number, if PAC	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Smith			Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$300.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kemp, Schaeffer & Rowe; c/o Jacqueline Kemp			Registration Number, if PAC	
Street Address 88 W Mound St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Elizabeth Tracy			Registration Number, if PAC	
Street Address 5057 Heath Gate Dr	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Lauer			Registration Number, if PAC	
Street Address 8924 Lea Ct	Employer/Occupation/Labor Organization*		M D Y 0 2 2 6 1 6	Amount \$100.00
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 \$ **\$1,925.00**