

# 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>Christian Smith</b>			Registration Number, if PAC	
Street Address <b>2980 Wellesley Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43221</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Adam Trautner</b>			Registration Number, if PAC	
Street Address <b>1208 Sanctuary Pl</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Gahanna</b>	Sta te <b>OH</b>	Zip Code <b>43230</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Bill Werth</b>			Registration Number, if PAC	
Street Address <b>5664 Keating Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Dublin</b>	Sta te <b>OH</b>	Zip Code <b>43016</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>George Arnold</b>			Registration Number, if PAC	
Street Address <b>3020 Dale Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43209</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Schottenstein Stores PAC</b>			Registration Number, if PAC <b>CP878</b>	
Street Address <b>1800 Moler Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>	Sta te <b>OH</b>	Zip Code <b>43207</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Steve Boone</b>			Registration Number, if PAC	
Street Address <b>1780 Welsh Hills Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Granville</b>	Sta te <b>OH</b>	Zip Code <b>43023</b>	Y <b>2</b>	Amount <b>\$1,000.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Michael Sliemers</b>			Registration Number, if PAC	
Street Address <b>3430 Fishinger Mill Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Hilliard</b>	Sta te <b>OH</b>	Zip Code <b>43026</b>	Y <b>2</b>	Amount <b>\$100.00</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 \$ **\$1,600.00**