

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 Whitt Sturtevant LLP; c/o Mark Whitt			Registration Number, if PAC	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor Strategic Partners PAC			Registration Number, if PAC COO499343	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Full Name of Contributor Brandon Lynaugh			Registration Number, if PAC	
Street Address 1299 Avondale Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Grandview	State OH	Zip Code 43212	Y 2	Amount \$500.00
Full Name of Contributor Thomas Brigdon			Registration Number, if PAC	
Street Address 2416 Commonwealth Park	Employer/Occupation/Labor Organization*		M 0	D 3
City Bexley	State OH	Zip Code 43209	Y 2	Amount \$250.00
Full Name of Contributor Thomas Brigdon			Registration Number, if PAC	
Street Address 2416 Commonwealth Park	Employer/Occupation/Labor Organization*		M 0	D 3
City Bexley	State OH	Zip Code 43209	Y 2	Amount \$250.00
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff; c/o Vic Goodman			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Full Name of Contributor Mark Jump			Registration Number, if PAC	
Street Address 2130 Arlington Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$250.00

* 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 \$ **\$3,000.00**