

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 Diane Reynolds			Registration Number, if PAC	
Street Address 3531 La Rochelle Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Drew Berlin			Registration Number, if PAC	
Street Address 6870 Fleur Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Huntington Bancshares PAC			Registration Number, if PAC COO165589	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Motorists Mutual Civic Fund			Registration Number, if PAC COO336834	
Street Address 471 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Lauer			Registration Number, if PAC	
Street Address 5386 Dunniker Park	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Onda, LaBuhn, Rankin & Boggs LPS; c/o Tim Rankin			Registration Number, if PAC	
Street Address 35 N Fourth St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor VSSP Advocates for Effective Government			Registration Number, if PAC OH108	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
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 \$ **\$3,000.00**