

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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| Name of Committee in Full Citizens for Mingo | | | | |
| Full Name of Contributor Onda, LaBuhn Rankin & Boggs LPA; c/o Tim Rankin | | | Registration Number, if PAC | |
| Street Address 35 N Fourth St | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43215 | Y 3 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Jonathan Hughes | | | Registration Number, if PAC | |
| Street Address 8168 Lombard Way | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Dublin | State OH | Zip Code 43016 | Y 3 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Angelica Misa | | | Registration Number, if PAC | |
| Street Address 386 Benedetti Ave | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Columbus | State OH | Zip Code 43213 | Y 3 | Amount \$250.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Vikram Rajadhyaksha | | | Registration Number, if PAC | |
| Street Address 5735 New Bank Circle | Employer/Occupation/Labor Organization* | | M 1 | D 0 |
| City Dublin | State OH | Zip Code 43017 | Y 3 | Amount \$1,000.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Bill Lane | | | Registration Number, if PAC | |
| Street Address 6064 Harlem Rd | Employer/Occupation/Labor Organization* | | M 1 | D 1 |
| City Westerville | State OH | Zip Code 43082 | Y 0 | Amount \$50.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor Todd Emoff | | | Registration Number, if PAC | |
| Street Address 1123 Sleeping Meadow Dr | Employer/Occupation/Labor Organization* | | M 1 | D 1 |
| City New Albany | State OH | Zip Code 43054 | Y 0 | Amount \$100.00 |
| Form (Cash, Check, etc.) Check | | | | |
| Full Name of Contributor White Castle PAC | | | Registration Number, if PAC COO112623 | |
| Street Address 555 W Goodale St | Employer/Occupation/Labor Organization* | | M 1 | D 1 |
| City Columbus | State OH | Zip Code 43215 | Y 0 | Amount \$250.00 |
| 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

Total expenditures this event.

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