

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

Prescribed by Secretary of State 03/05

|   |   |                          |                           |   |               |
|---|---|--------------------------|---------------------------|---|---------------|
| Name of Committee in Full<br><b>Citizens for Mingo</b>      |   |                          |                           |   |               |
| Full Name of Contributor<br><b>Marianne Collins</b>         |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>423 Hickory Ln</b>                     | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Westerville</b>                                  | State<br><b>OH</b>                      | Zip Code<br><b>43081</b> | Amount<br><b>\$250.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>Robert Jeffrey</b>           |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>88 E Broad St</b>                      | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Columbus</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Amount<br><b>\$250.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>Eric Girard</b>              |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>4481 Hirth Hill Rd</b>                 | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Grove City</b>                                   | State<br><b>OH</b>                      | Zip Code<br><b>43123</b> | Amount<br><b>\$250.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>James Schottenstein</b>      |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>341 S 3rd St</b>                       | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Columbus</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Amount<br><b>\$250.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>Robert Werth</b>             |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>4527 Tavistock Circle</b>              | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Powell</b>                                       | State<br><b>OH</b>                      | Zip Code<br><b>43065</b> | Amount<br><b>\$100.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>Gary Koch</b>                |   |                          |                           | Registration Number, if PAC                 |               |
| Street Address<br><b>5381 Adventure Dr</b>                  | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Dublin</b>                                       | State<br><b>OH</b>                      | Zip Code<br><b>43017</b> | Amount<br><b>\$250.00</b> | Form (Cash, Check, etc.)<br><b>Check</b>    |               |
| Full Name of Contributor<br><b>Schottenstein Stores PAC</b> |   |                          |                           | Registration Number, if PAC<br><b>CP878</b> |               |
| Street Address<br><b>4300 E 5th Ave</b>                     | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>             | D<br><b>1</b>                               | Y<br><b>1</b> |
| City<br><b>Columbus</b>                                     | State<br><b>OH</b>                      | Zip Code<br><b>43219</b> | Amount<br><b>\$100.00</b> | Form (Cash, Check, etc.)<br><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

|  |  |
|--|--|
|  |  |
|--|--|

Total expenditures this event.

|  |  |
|--|--|
|  |  |
|--|--|

Page Total \$ **\$1,450.00**