

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 Thomas Horner | | | Registration Number, if PAC | |
| Street Address 9417 Avemore Ct | Employer/Occupation/Labor Organization* | | M D Y 0 9 0 3 1 3 | Amount \$150.00 |
| City Dublin | State OH | Zip Code 43017 | 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 D Y 0 9 0 3 1 3 | Amount \$1,000.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Brian Barker | | | Registration Number, if PAC | |
| Street Address 29 W Third Ave | Employer/Occupation/Labor Organization* | | M D Y 0 9 0 3 1 3 | Amount \$150.00 |
| City Columbus | State OH | Zip Code 43201 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Timothy Robinson | | | Registration Number, if PAC | |
| Street Address 6339 Autumn Crest Ct | Employer/Occupation/Labor Organization* | | M D Y 0 9 0 3 1 3 | Amount \$100.00 |
| City Westerville | State OH | Zip Code 43082 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor BIA Build PAC of Central Ohio | | | Registration Number, if PAC OH135 | |
| Street Address 495 Executive Campus Dr | Employer/Occupation/Labor Organization* | | M D Y 0 9 1 1 1 3 | Amount \$500.00 |
| City Westerville | State OH | Zip Code 43082 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Taft Stettinius & Hollister Fund | | | Registration Number, if PAC OH1146 | |
| Street Address 425 Walnut St | Employer/Occupation/Labor Organization* | | M D Y 0 9 1 6 1 3 | Amount \$1,000.00 |
| City Cincinnati | State OH | Zip Code 45202 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Terrence Arnold | | | Registration Number, if PAC | |
| Street Address 7200 Lakebrook Blvd | Employer/Occupation/Labor Organization* | | M D Y 0 9 1 6 1 3 | Amount \$200.00 |
| City Columbus | State OH | Zip Code 43235 | 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 \$ **\$3,100.00**