

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Leslie Wexner</b>			Registration Number, if PAC	
Street Address <b>8000 Walton Parkway</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$5,000.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>AFPD Ohio PAC</b>			Registration Number, if PAC <b>CP1331</b>	
Street Address <b>30415 W 13 Mile Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$500.00</b>
City <b>Farmington Hills</b>	State <b>MI</b>	Zip Code <b>48334</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Donna Teach</b>			Registration Number, if PAC	
Street Address <b>2145 Dale Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Rhonda Comer</b>			Registration Number, if PAC	
Street Address <b>4433 Olmstead Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$250.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Gary Gottfried</b>			Registration Number, if PAC	
Street Address <b>608 Office Parkway</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$250.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>J Kevin Cogan</b>			Registration Number, if PAC	
Street Address <b>325 John McConnell Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Matt Damschroder</b>			Registration Number, if PAC	
Street Address <b>2598 Ruhl Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   4   1   0</b>	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <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

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Total expenditures this event.

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Page Total \$ **\$7,000.00**