

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 Philip Collins			Registration Number, if PAC	
Street Address 32 E State St	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Brian Barker			Registration Number, if PAC	
Street Address 1698 Berkshire Rd	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Arnold			Registration Number, if PAC	
Street Address 1400 Haft Dr	Employer/Occupation/Labor Organization*		M 0	D 2
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Alex Tornero			Registration Number, if PAC	
Street Address 7716 Critwell Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Reynoldsburg	State OH	Zip Code 43068	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eric Laeuffer			Registration Number, if PAC	
Street Address 13831 Sunladen Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Pickerington	State OH	Zip Code 43147	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles Griffith			Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Celia Forker			Registration Number, if PAC	
Street Address 1942 Stelzer Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43219	Y 1	Amount \$40.00
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 \$ **\$2,540.00**