

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 Yvette Slate				Registration Number, if PAC	
Street Address 4400 Woodstream Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimberly Kutschbach					
Street Address 1485 W 3rd Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Karin Andres					
Street Address 1557 Lafayette Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$15.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Wymore					
Street Address 3520 Foxcroft Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Lewis Center		State OH	Zip Code 43035	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor George Limbert					
Street Address 8008 Spartan Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Youngstown		State OH	Zip Code 44512	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor C William Klausman					
Street Address 300 Spruce St		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Barry Bowen					
Street Address 2688 Bristol Rd		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$150.00
				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 \$ **\$765.00**