

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 Kelvin Lawrence				Registration Number, if PAC	
Street Address 395 E Weber Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43202	Amount \$20.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Emmanuel Olawale				Registration Number, if PAC	
Street Address 3417 Courtland Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Lewis Center	State OH	Zip Code 43035	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Guy Reese				Registration Number, if PAC	
Street Address 7191 Keystone Ranch Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Blacklick	State OH	Zip Code 43004	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill Todd				Registration Number, if PAC	
Street Address 2417 Brentwood Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sam Koon				Registration Number, if PAC	
Street Address 141 E Town St., Suite 310	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Wiles, Boyle Burkholder & Bringardner PAC				Registration Number, if PAC CP1058	
Street Address 300 Spruce St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$105.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chester, Willcox & Saxbe PAC				Registration Number, if PAC OH843	
Street Address 65 E State St., Suite 1000	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$300.00	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 \$ **\$925.00**