

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 David Martin				Registration Number, if PAC	
Street Address 6031 Wilton House Ct		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor David Goodman				Registration Number, if PAC	
Street Address 7726 Brandon Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Motorists Mutual Civic Fund				Registration Number, if PAC COO336834	
Street Address 471 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$750.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bernie Caplin				Registration Number, if PAC	
Street Address P O Box 9764		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Samuel Koon				Registration Number, if PAC	
Street Address 141 E Town St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Werth				Registration Number, if PAC	
Street Address 4527 Tavistock Circle		Employer/Occupation/Labor Organization*		M 0	D 8
City Powell		State OH	Zip Code 43065	Y 1	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor VSSP Advocates for Effective Government				Registration Number, if PAC OH108	
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$2,500.00
				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 \$ **\$4,250.00**