

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 J Kevin Cogan			Registration Number, if PAC	
Street Address 325 McConnell Blvd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Jump			Registration Number, if PAC	
Street Address 2130 Arlington Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed Overmyer			Registration Number, if PAC	
Street Address 2480 Stonehaven Pl	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Hauelsen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Snider			Registration Number, if PAC	
Street Address 815 Ebner St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Martin			Registration Number, if PAC	
Street Address 6031 Wilton House Ct	Employer/Occupation/Labor Organization*		M 0	D 6
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00
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 \$ **\$2,850.00**