

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 Sam Koon				Registration Number, if PAC	
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 3 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$600.00
Full Name of Contributor Laurence Ruben				Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2 3 1 1
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Crabbe, Brown & James c/o Larry James				Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3 1 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Pat Kelley				Registration Number, if PAC	
Street Address 2712 Bexley Park Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3 1 1 1
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$600.00
Full Name of Contributor Michael Schiff				Registration Number, if PAC	
Street Address 400 S Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3 1 1 1
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$300.00
Full Name of Contributor Matt Mnich				Registration Number, if PAC	
Street Address 7895 Silver Lake Ct	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3 1 1 1
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$300.00
Full Name of Contributor Jeff Glavan				Registration Number, if PAC	
Street Address 2 Miranova Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3 1 1 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$300.00

* 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 \$ **\$3,200.00**