

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Joseph Jackson</b>			Registration Number, if PAC	
Street Address <b>1311 Clydesdale Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   0   3   1   2	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Nancy Taylor</b>			Registration Number, if PAC	
Street Address <b>701 Evening St</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$150.00</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Thomas Jedinak</b>			Registration Number, if PAC	
Street Address <b>1873 Lake Shore</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Larry Canini</b>			Registration Number, if PAC	
Street Address <b>4381 Antmon Round</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$100.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Joel Rhoades</b>			Registration Number, if PAC	
Street Address <b>5975 S Section Line Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$100.00</b>
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>G Roger King</b>			Registration Number, if PAC	
Street Address <b>5598 Dundon Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$100.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>John Alden</b>			Registration Number, if PAC	
Street Address <b>1 E Livingston Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   3   1   2	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$675.00**