

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 Susan Boyer				Registration Number, if PAC	
Street Address 2099 Tonda Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 0	Amount \$100.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Toure McCord					
Street Address 844 S Front St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 0	Amount \$400.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Francine Matteson					
Street Address 936 Gray Dr		Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 0	Amount \$35.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ross Chambers					
Street Address 12364 Thoroughbred Dr		Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 0	Amount \$100.00
City Pickerington		State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad Bennett					
Street Address 3050 Avalon Rd		Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Pardi					
Street Address 1000 N High St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 4 1 0	Amount \$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Form 31-G					
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount \$3,100.00
City		State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

\$3,935.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,935.00**