

# 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 New Albany State PAC				Registration Number, if PAC OH1523	
Street Address 65 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Mark Snider				Registration Number, if PAC	
Street Address 815 Ebner St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Jon Hughes				Registration Number, if PAC	
Street Address 8168 Lombard Way	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Frank Carrier				Registration Number, if PAC	
Street Address 4437 Prairie Pine Ct	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Central Ohio Realtors PAC				Registration Number, if PAC CP401	
Street Address 2700 Airport Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Greg Williams				Registration Number, if PAC	
Street Address 5994 Andrew John Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT		Amount \$200.00
Full Name of Contributor Reminger Co LPA PAC				Registration Number, if PAC CP495	
Street Address 101 Prospect Ave	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Cleveland	State OH	Zip Code 44115	Form (Cash, Check, etc.) Check		Amount \$250.00

\* 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

--

Total expenditures this event.

--

Page Total \$ 2,350.00