

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 Woolpert Inc PAC			Registration Number, if PAC COO479899	
Street Address 4454 Idea Center Blvd	Employer/Occupation/Labor Organization*		M 0	D 6
City Dayton	State OH	Zip Code 45430	Y 1	Amount \$200.00
Full Name of Contributor Charles Bluestone			Registration Number, if PAC	
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$225.00
Full Name of Contributor Jonathan Howard			Registration Number, if PAC	
Street Address 6232 Howard St	Employer/Occupation/Labor Organization*		M 0	D 6
City Blacklick	State OH	Zip Code 43004	Y 1	Amount \$250.00
Full Name of Contributor John Gleason			Registration Number, if PAC	
Street Address 7532 Ogden Woods Blvd	Employer/Occupation/Labor Organization*		M 0	D 6
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$150.00
Full Name of Contributor Harold Keller			Registration Number, if PAC	
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$300.00
Full Name of Contributor Melissa Hoeffel			Registration Number, if PAC	
Street Address 1443 Cliff Ct	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$200.00
Full Name of Contributor Daniel Hilson			Registration Number, if PAC	
Street Address 196 S Grant St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$200.00

* 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 \$ 1,525.00