

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 Clarence Simmons			Registration Number, if PAC	
Street Address 4870 Sharon Hill Dr	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dan Henderson			Registration Number, if PAC	
Street Address 1155 Evergreen Rd	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43207	Y 1	Amount \$125.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bryan Lundgren			Registration Number, if PAC	
Street Address 5141 Darry Ln	Employer/Occupation/Labor Organization*		M 0	D 4
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Copley			Registration Number, if PAC	
Street Address 191 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Design Group PAC			Registration Number, if PAC CP859	
Street Address 515 E Main St	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City OH	State OH	Zip Code	Y	Amount \$650.00
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount
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

\$4,875.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,275.00**