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

Event	Date	4/20/10	
Page	2	<u></u>	

Prescribed by Secretary of State 03/05

Name of Committee in Full					Partie Commence of	
Citizens for Mingo						
Full Name of Contributor			Registra	tion Numb	er, if PA	S C
Clarence Simmons						
Street Address	Employer/Occupat	tion/Labor Organization*	М	D	Y	Amount
4870 Sharon Hill Dr			0 4	2 0	10	\$100.00
City	Sta te	Zip Code	Form (C	ash, Check	, etc.)	
Columbus	OH	43235	Check		l	
Full Name of Contributor			Registra	tion Numb	er, if PA	AC
Dan Henderson						
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
1155 Evergreen Rd			0 4		10	\$125.00
City	Sta te	Zip Code	1	ash, Check	, etc.)	
Columbus	OH	43207	Checl			
Full Name of Contributor			Registra	ition Numb	er, if P	AC
Bryan Lundgren						······
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
5141 Darry Ln			0 4	2 0		\$100.00
City	Sta te	Zip Code	1	ash, Check	, etc.)	
Dublin	OH	43016	Checl	Action and a second		
Full Name of Contributor			Registra	ation Numb	oer, 11 P/	AC
Michael Copley			M	T	٠. ١	
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount \$200.00
191 W Nationwide Blvd		la: 0	0 4	1 1	10	\$200.00
City	Sta te	Zip Code	,	ash, Check	, etc.)	
Columbus	OH	43215	Chec	MARKET	.c.p	
Full Name of Contributor Design Group PAC			CP8	ation Numl 59	oer, ii r	AC
Street Address	1—		M	D	Y	Amount \$100.00
515 E Main St			0 4		1 0	\$100.00
City Columbus	Sta te OH	Zip Code 43215	Form (C	Cash, Check	c, etc.)	
	UI UI	102.0	Pagistr	ation Num	her if P	A.C.
Full Name of Contributor Total Employee Contributions From Form	31-G		Kegisu	ation ivain	oci, 11 1	ac .
Street Address	Employer/Occupa	ntion/Labor Organization*	М	D	Y	Amount \$650.00
City	Sta te OH	Zip Code	Form (C	Cash, Check	c, etc.)	
			Pagist	ation No.	her if n	M.C
Full Name of Contributor			Registi	ation Num	oci, ii r	AC
Street Address	Employer/Occupa	ntion/Labor Organization*	М	D	Y	Amount
City	Sta te	Zip Code	Form (0	Cash, Check	k, etc.)	
~~;	OH	*				
* Deguined for contributions from individuals over \$		cembly candidates. If contrib	ntor is self-em	nloved th	e occii	nation and the name of

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

^{*} 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)]