

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 Glenn Alban			Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lumpe & Raber; c/o David Raber			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edward Carey			Registration Number, if PAC	
Street Address 140 E Town St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Hilgheimer			Registration Number, if PAC	
Street Address 7278 Lambton Park Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Boone			Registration Number, if PAC	
Street Address 1780 Welsh Hills Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$1,000.00
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Association PAC			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	

* 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 \$ **\$3,300.00**