

# 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 George Arnold				Registration Number, if PAC	
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$250.00
				1	3
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Greg Lashutka					
Street Address 729 Mohawk St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$250.00
				1	3
		Form (Cash, Check, etc.) Check			
Full Name of Contributor Matthew McClellan					
Street Address 1673 Essex Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
				1	3
		Form (Cash, Check, etc.) Check			
Full Name of Contributor David McKee					
Street Address 7127 Coventry Woods Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$250.00
				1	3
		Form (Cash, Check, etc.) Check			
Full Name of Contributor AFPD Ohio PAC					
Street Address 30415 W 13 Mile Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Farmington Hills		State MI	Zip Code 48334	Y 2	Amount \$100.00
				1	3
		Form (Cash, Check, etc.) Check			
Full Name of Contributor Jeff Miller					
Street Address 8373 Button Bush Ln		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$100.00
				1	3
		Form (Cash, Check, etc.) Check			
Full Name of Contributor Matt Mnich					
Street Address 7895 Silver Lake Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$100.00
				1	3
		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

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Total expenditures this event.

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Page Total \$ **\$1,300.00**