

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 A J Myers				Registration Number, if PAC	
Street Address 384 Eastmoor Blvd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 4	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Pizzuti PAC				Registration Number, if PAC OH1260	
Street Address 629 N High St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 4	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Taneff				Registration Number, if PAC	
Street Address 250 Civic Center Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 4	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John VanFossen				Registration Number, if PAC	
Street Address 7622 Holderman St		Employer/Occupation/Labor Organization*		M 0	D 8
City Lewis Center		State OH	Zip Code 43035	Y 4	Amount \$150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Onda Labuhn Rankin & Boggs LPA; c/o Tim Rankin				Registration Number, if PAC	
Street Address 35 N Fourth St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James Smith				Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor The Bainbridge Firm LLC; c/o Andrew Bainbridge				Registration Number, if PAC	
Street Address 900 Michigan Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
				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 \$ **\$2,400.00**