

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 Esther Adkins			Registration Number, if PAC	
Street Address 528 Michael Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$200.00
Full Name of Contributor Tracey Bowman			Registration Number, if PAC	
Street Address 107 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$250.00
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$300.00
Full Name of Contributor Lee Adamantidis			Registration Number, if PAC	
Street Address 75 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Full Name of Contributor John Oberle			Registration Number, if PAC	
Street Address 60 W Southington Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Full Name of Contributor A J Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$300.00
Full Name of Contributor Bipender Jindal			Registration Number, if PAC	
Street Address 1401 Kinnards Pl	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$300.00

* 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)]

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 \$ **\$1,550.00**