

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Thomas Needles</b>			Registration Number, if PAC	
Street Address <b>322 Fairway Circle</b>	Employer/Occupation/Labor Organization*		M 0	D 1
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	Y 1	Amount <b>\$250.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Jeff Kaplan</b>				
Street Address <b>2220 S 3 Bs and K Rd</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$50.00</b>
City <b>Galena</b>	State <b>OH</b>	Zip Code <b>43021</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Mark Corna</b>				
Street Address <b>10153 Chelton Wood</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$250.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Reminger Co LPA PAC</b>				
Street Address <b>101 Prospect Ave</b>			Registration Number, if PAC <b>CP495</b>	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$250.00</b>
City <b>Cleveland</b>	State <b>OH</b>	Zip Code <b>44115</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>JoAnn Davidson</b>				
Street Address <b>6639 Forrester Way</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$250.00</b>
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Patrick Kelley</b>				
Street Address <b>2712 Bexley Park Rd</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Michael Schiff</b>				
Street Address <b>400 S Parkview Ave</b>			Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 1	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Y 1	
Form (Cash, Check, etc.) <b>Check</b>				

\* 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 \$ **\$1,400.00**