

# 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>Moving Forward PAC</b>			Registration Number, if PAC <b>OH1494</b>	
Street Address <b>10133 Covan Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$500.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>George Skestos</b>			Registration Number, if PAC	
Street Address <b>31 S Columbia Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Richard Levine</b>			Registration Number, if PAC	
Street Address <b>2745 Bryden Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>John Bates</b>			Registration Number, if PAC	
Street Address <b>495 S High St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Edwin Overmyer</b>			Registration Number, if PAC	
Street Address <b>2480 Stonehaven Pl</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Stephen Campbell</b>			Registration Number, if PAC	
Street Address <b>8430 Lazelle Village Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   2   3   0   1   3</b>	Amount <b>\$100.00</b>
City <b>Lewis Center</b>	State <b>OH</b>	Zip Code <b>43035</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>NiSource PAC</b>			Registration Number, if PAC <b>COOO51979</b>	
Street Address <b>200 Civic Center Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   1   1   0   1   4</b>	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	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 \$ **\$2,150.00**