

# 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 Thomas Jedinak				Registration Number, if PAC	
Street Address 1873 Lake Shore		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43204	Y 5	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Carl Christman				Registration Number, if PAC	
Street Address 114 Dorchester Sq		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 5	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Hoaglin				Registration Number, if PAC	
Street Address 43 Preston Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 5	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Levine				Registration Number, if PAC	
Street Address 2754 Bryden Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 5	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Benesch, Friedlander, Coplan, & Aronoff; c/o N Victor Goodman				Registration Number, if PAC	
Street Address 41 S High St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 5	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Baas				Registration Number, if PAC	
Street Address 959 Maebelle Way		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 5	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor J Kevin Cogan				Registration Number, if PAC	
Street Address 325 John H McConnell Blvd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 5	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 \$ **\$3,100.00**