

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 Samuel Koon			Registration Number, if PAC	
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles Bluestone			Registration Number, if PAC	
Street Address 7485 Tottenham Pl	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nationwide Mutual Insurance PAC			Registration Number, if PAC COOO76174	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Joel Rhoades			Registration Number, if PAC	
Street Address 5975 S Section Line Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Delaware	State OH	Zip Code 43015	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles Hill			Registration Number, if PAC	
Street Address 645 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Hondros			Registration Number, if PAC	
Street Address 7228 Greensward Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$1,000.00
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 \$ **\$3,050.00**