

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 Civil Engineers for Civil Government			Registration Number, if PAC CO449736	
Street Address 12855 Wheaton Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Pickerington	State OH	Zip Code 43147	Y 2	Amount \$1,000.00
Full Name of Contributor Calvin Taylor			Registration Number, if PAC	
Street Address 701 Morning St	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 2	Amount \$150.00
Full Name of Contributor Mark Snider			Registration Number, if PAC	
Street Address 815 Ebner St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$50.00
Full Name of Contributor Ashland Inc Ohio PAC			Registration Number, if PAC CP119	
Street Address 5200 Blazer Parkway	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$300.00
Full Name of Contributor Carlile, Patchen & Murphy c/o Jackie Hager			Registration Number, if PAC	
Street Address 366 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$200.00
Full Name of Contributor Thomas Horner			Registration Number, if PAC	
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$150.00
Full Name of Contributor John Brandt			Registration Number, if PAC	
Street Address 5187 Smothers Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$100.00

* 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 \$ **\$1,950.00**