

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 Valoria Hoover			Registration Number, if PAC	
Street Address 5972 Dunheath Loop	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Wasserstrom			Registration Number, if PAC	
Street Address 2300 Lockbourne Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Arnold			Registration Number, if PAC	
Street Address 13885 Paragon Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$150.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurence Ruben			Registration Number, if PAC	
Street Address 140 s Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$250.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Smith			Registration Number, if PAC	
Street Address 320 Morgan Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Muthard			Registration Number, if PAC	
Street Address 914 Foxtrail Circle	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$2,500.00
City Tipp City	State OH	Zip Code 45371	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marcie Russell			Registration Number, if PAC	
Street Address 5671 Indian Moud Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43213	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 \$ **\$4,250.00**