

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 Jonathan Downes			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Bainbridge			Registration Number, if PAC	
Street Address 580 S High St	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Madison & Rosan LLP PAC			Registration Number, if PAC OH1248	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43206	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 3
			Y 2	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor AFPD Ohio PAC			Registration Number, if PAC CP1331	
Street Address 30415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$300.00
City Farmington Hills	State MI	Zip Code 48334	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Sliemers			Registration Number, if PAC	
Street Address 3430 Fishing Mill Dr	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$150.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor VSSP Advocates for Effective Government			Registration Number, if PAC OH108	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 3
			Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$2,850.00**