

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 Joe Armeni				Registration Number, if PAC		
Street Address 295 W 4th Ave	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$250.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ronald Davis				Registration Number, if PAC		
Street Address 1855 Perry Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$250.00
City Frankfort	State OH	Zip Code 45628	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard Loveland				Registration Number, if PAC		
Street Address 8159 Riverside Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Terrence Arnold				Registration Number, if PAC		
Street Address 7200 Lakebrook Blvd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$250.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stanford Ackley				Registration Number, if PAC		
Street Address 695 Kenwick Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Olivia Thomas				Registration Number, if PAC		
Street Address 2091 Walnut Hill Park Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Check			
Full Name of Contributor Eric Girard				Registration Number, if PAC		
Street Address 6242 Rising Sun Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 1	Amount \$250.00
City Grove City	State OH	Zip Code 43123	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 \$ **\$1,400.00**