

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 Criag Anderson				Registration Number, if PAC	
Street Address 2370 Onandaga Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Bruce Soll				Registration Number, if PAC	
Street Address 141 S Drexel Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT		Amount \$250.00
Full Name of Contributor William Bishop				Registration Number, if PAC	
Street Address 2541 Bay Harbour	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Marshall Winner				Registration Number, if PAC	
Street Address 1385 Haines Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Deborah Bower				Registration Number, if PAC	
Street Address 1361 Fountaine Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Jane Robinson				Registration Number, if PAC	
Street Address 6339 Autumn Crest Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Ashland Ohio PAC				Registration Number, if PAC CP119	
Street Address 5200 Blazer Parkway	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$300.00

* 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 \$ **\$2,650.00**