

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 Laurence Ruben			Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jim Magnuson			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Anthony Mollica			Registration Number, if PAC	
Street Address 1601 Bethel Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sean Mohn			Registration Number, if PAC	
Street Address 834 Forrest Ridge	Employer/Occupation/Labor Organization*		M 0	D 7
City Dover	State OH	Zip Code 44622	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Crabbe, Brown, & James : c/o Larry James			Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rodney Wassterstrom			Registration Number, if PAC	
Street Address 2655 Sherwood Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard Levine			Registration Number, if PAC	
Street Address 2754 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$250.00
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 \$ **\$1,700.00**