

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 Marc Schare				Registration Number, if PAC	
Street Address 2113 Selbourne Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Dublin		State OH	Zip Code 43016	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Danny Cvetanovich					
Street Address 703 Camden Yard Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43235	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Marianne Collins					
Street Address 423 Hickory Ln		Employer/Occupation/Labor Organization*		M 0	D 5
City Westerville		State OH	Zip Code 43081	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Matt Damschroder					
Street Address 1125 E Cooke Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43224	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Steven McCoy					
Street Address 2215 Cambridge Blvd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Phillip Harmon					
Street Address 5312 Longrifle Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Westerville		State OH	Zip Code 43081	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Deborah Pryce					
Street Address 2065 Tremont Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$100.00
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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$850.00**