

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 Dana Rinehart			Registration Number, if PAC	
Street Address 300 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
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 6
City Powell	State OH	Zip Code 43065	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nancy Taylor			Registration Number, if PAC	
Street Address 701 Morning St	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Calvin Taylor			Registration Number, if PAC	
Street Address 701 Morning St	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nationwide Mutual Insurance PAC			Registration Number, if PAC OH259	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor BIA Build PAC of Central Ohio			Registration Number, if PAC OH135	
Street Address 495 Executive Campus Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Bowman			Registration Number, if PAC	
Street Address 107 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Bexley	State OH	Zip Code 43209	Y 1	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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$1,300.00**