

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 Thomas Needles			Registration Number, if PAC	
Street Address 322 Fairway Circle	Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Maurer			Registration Number, if PAC	
Street Address 1709 Durbridge Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$35.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew Ottinger			Registration Number, if PAC	
Street Address 280 E Columbus	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$35.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Pettiford			Registration Number, if PAC	
Street Address 7858 Burrwood St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$70.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sallie Gibson			Registration Number, if PAC	
Street Address 1067 Franklin Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$35.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Bates			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tod Bowen			Registration Number, if PAC	
Street Address 5466 Cedar Bush Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 9 1 2	Amount \$40.00
City Columbus	State OH	Zip Code 43229	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 \$ **\$1,265.00**