

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 Michael Kibbey				Registration Number, if PAC	
Street Address 319 Thurman Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		Sta te OH	Zip Code 43206	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thomas LeHoty				Registration Number, if PAC	
Street Address 9601 Little Mountain Rd		Employer/Occupation/Labor Organization*		M 1	D 0
City Kirkland		Sta te OH	Zip Code 44060	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Sharon Lynch				Registration Number, if PAC	
Street Address 336 S Third St		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		Sta te OH	Zip Code 43215	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mark Potts				Registration Number, if PAC	
Street Address 330 Guernsey Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		Sta te OH	Zip Code 43204	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Joseph W Testa				Registration Number, if PAC	
Street Address 5412 Thornhill Ct		Employer/Occupation/Labor Organization*		M 1	D 0
City Grove City		Sta te OH	Zip Code 43123	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Natalie Wilkinson				Registration Number, if PAC	
Street Address 30 Jeremy Ct		Employer/Occupation/Labor Organization*		M 1	D 0
City Pataskala		Sta te OH	Zip Code 43062	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Eleanor Haynes				Registration Number, if PAC	
Street Address 687 Ulverston Dr		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		Sta te OH	Zip Code 43230	Y 1	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

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Total expenditures this event.

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Page Total \$ **\$345.00**