

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 Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Ln		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43213	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gene Shell				Registration Number, if PAC	
Street Address 655 Providence Ave		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeanne Shell				Registration Number, if PAC	
Street Address 655 Providence Ave		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Celia Forker				Registration Number, if PAC	
Street Address 1942 Stelzer Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43219	Y 1	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James Trout				Registration Number, if PAC	
Street Address 1021 Grandon Ave		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Owens				Registration Number, if PAC	
Street Address 2150 Waitsfield Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$40.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jordan Finegold				Registration Number, if PAC	
Street Address 238 N Cassady Ave		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$40.00
				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 \$ 315.00