

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>					
Full Name of Contributor <b>Roy Girod</b>				Registration Number, if PAC	
Street Address <b>1505 Ramblewood Ave</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>William Shimp</b>				Registration Number, if PAC	
Street Address <b>1550 Essex Rd</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>Timothy McGrath</b>				Registration Number, if PAC	
Street Address <b>5305 Rocky Creek Dr</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>Randy Best</b>				Registration Number, if PAC	
Street Address <b>10035 Juliana Circle</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>Thomas Hoaglin</b>				Registration Number, if PAC	
Street Address <b>43 Preston Rd</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Y <b>2</b>	Amount <b>\$150.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>Jed Morison</b>				Registration Number, if PAC	
Street Address <b>2572 Brentwood Rd</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>					
Full Name of Contributor <b>Marcie Rehmar Rogell</b>				Registration Number, if PAC	
Street Address <b>5671 Indian Mound Ct</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>7</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>	Y <b>2</b>	Amount <b>\$150.00</b>
Form (Cash, Check, etc.) <b>Check</b>					

\* 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 \$ **\$700.00**