

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 John Royer			Registration Number, if PAC			
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor GoGo PAC			Registration Number, if PAC OH1021			
Street Address 66 E Lynn St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor AFPD Ohio PAC			Registration Number, if PAC CP1331			
Street Address 20415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Farmington Hills	State MI	Zip Code 48334	Form (Cash, Check, etc.) Check			
Full Name of Contributor Woolpert Inc PAC			Registration Number, if PAC COO479899			
Street Address 4454 Idea Center Blvd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Dayton	State OH	Zip Code 45430	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ranjan Manoranjan			Registration Number, if PAC			
Street Address 344 Cramer Creek Ct	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Porter Wright; c/o James B Hadden			Registration Number, if PAC			
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard Boylan			Registration Number, if PAC			
Street Address 2957 N Perch Row	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0	Amount \$250.00
City Port Clinton	State OH	Zip Code 43452	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 \$ **\$1,750.00**