

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 The Limited PAC			Registration Number, if PAC CP809	
Street Address Three Limited Parkway	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount \$1,000.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurence Ruben			Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 4 0 7 1 5	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Address; c/o Melissa Hoeffel			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Address; c/o Dan Hilson			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Address; c/o James Ervin			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 6 0 1 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimberly Lordo			Registration Number, if PAC	
Street Address 134 Aldrich Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cheryl Krueger			Registration Number, if PAC	
Street Address 7130 Greensward Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 5	Amount \$300.00
City New Albany	State OH	Zip Code 43054	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 \$ **\$1,900.00**