

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 Tod Bowen			Registration Number, if PAC	
Street Address 5466 Cedar Bush Rd	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$40.00
Form (Cash, Check, etc.) EFT				
Full Name of Contributor Charles Bluestone			Registration Number, if PAC	
Street Address 7485 Tottenham Pl	Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$2,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rhett Ricart			Registration Number, if PAC	
Street Address 661 Dennison Ave	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mike Hartley			Registration Number, if PAC	
Street Address 107 S High St	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Lance Gates			Registration Number, if PAC	
Street Address 112 Leasure Dr	Employer/Occupation/Labor Organization*		M 1	D 0
City Pickerington	State OH	Zip Code 43147	Y 2	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 1	D 0
City	State OH	Zip Code	Y 2	Amount \$2,651.00
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

* 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

\$69,261.00

Total expenditures this event.

\$9,430.30

Page Total \$ **\$5,231.00**