

# 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 Sandra Furman			Registration Number, if PAC	
Street Address 1119 S Cassingham Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$75.00
Full Name of Contributor Citizens for Kevin Bacon			Registration Number, if PAC	
Street Address 5325 Ponderosa Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43231	Y 2	Amount \$75.00
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
Full Name of Contributor Geoffrey Webster			Registration Number, if PAC	
Street Address 2462 Lane Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$100.00
Full Name of Contributor Jill Rudler			Registration Number, if PAC	
Street Address 7579 Blue Fescue Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$50.00
Full Name of Contributor Leah Sellers			Registration Number, if PAC	
Street Address 1477 Hickory Gate Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Marysville	State OH	Zip Code 43040	Y 2	Amount \$50.00
Full Name of Contributor Jerry McAfee			Registration Number, if PAC	
Street Address 2145 Keltonshire Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43229	Y 2	Amount \$100.00

\* 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 \$ 550.00