

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 Alan Jones			Registration Number, if PAC	
Street Address P O Box 329	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$500.00
City Mt Gilead	State OH	Zip Code 43338	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregg Lewis			Registration Number, if PAC	
Street Address 625 City Park Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Duffey			Registration Number, if PAC	
Street Address 645 Farmington Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 3	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Gerald Morgan			Registration Number, if PAC	
Street Address 2499 Slateshire Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor A B Siemer			Registration Number, if PAC	
Street Address 2 Bottomley Crescent Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 3	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ward Timken			Registration Number, if PAC	
Street Address 6559 Hills & Dales Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 3	Amount \$100.00
City Canton	State OH	Zip Code 44708	Form (Cash, Check, etc.) Check	
Full Name of Contributor D Michael Grodhaus			Registration Number, if PAC	
Street Address 6544 Deeside Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 3	Amount \$150.00
City Dublin	State OH	Zip Code 43017	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 \$ **\$2,100.00**