

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 Columbus Apartment Assn PAC				Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Stephen Holzer				Registration Number, if PAC	
Street Address 4920 Stonehaven Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles Rieper				Registration Number, if PAC	
Street Address 3649 Quail Hollow Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$10.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Paul Breen				Registration Number, if PAC	
Street Address 1008 Woodman Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Benesch Friedlander Coplan & Aronoff LLP; c/o John Stock				Registration Number, if PAC	
Street Address 41 S High St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kurt Anders				Registration Number, if PAC	
Street Address 5422 Dunniker Park Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Windsor Boltworks LLC; c/o Alex Dorsey				Registration Number, if PAC	
Street Address 6660 Doubletree Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43229	Y 1	Amount \$500.00
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 \$ **\$1,860.00**