

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 H Burkley Showe			Registration Number, if PAC	
Street Address 45 N Fourth St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeff Glavan			Registration Number, if PAC	
Street Address 92 Hanford St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43206	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matthew Mnich			Registration Number, if PAC	
Street Address 7895 Silver Lake Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	Sta te OH	Zip Code 43082	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor A Eric George			Registration Number, if PAC	
Street Address 4271 Mumford Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43220	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dana Rinehart			Registration Number, if PAC	
Street Address 300 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Edward Carey			Registration Number, if PAC	
Street Address 140 E Town St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43215	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Karen H Phipps			Registration Number, if PAC	
Street Address 4333 Reed Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43220	Y 1	Amount \$150.00
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 \$ **\$1,170.00**