

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 Kincaid Randall & Craine; c/o Kevin Craine			Registration Number, if PAC	
Street Address 2201 Riverside Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Anthony Diblasi			Registration Number, if PAC	
Street Address 415 Fox Run	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Klaban			Registration Number, if PAC	
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Adelman			Registration Number, if PAC	
Street Address 300 W Spring St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Zatezalo			Registration Number, if PAC	
Street Address 1176 Harrison Pond Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$150.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Albert Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold			Registration Number, if PAC	
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43209	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 \$ **\$900.00**