

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 James Rishel			Registration Number, if PAC	
Street Address 629 E Walnut St	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$35.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pieter Wykoff			Registration Number, if PAC	
Street Address 230 E Oakland Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andy Bowers			Registration Number, if PAC	
Street Address 953 Neil Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Arleen Resnick			Registration Number, if PAC	
Street Address 6917 Betsey Pl	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$50.00
City Worthington	State OH	Zip Code 43085	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 D Y 0 3 08 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Cuckler			Registration Number, if PAC	
Street Address 8232 Wildflower Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$35.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Rankin			Registration Number, if PAC	
Street Address 2028 Coventry Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 08 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43212	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 \$ **\$275.00**