

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 Charles Smith			Registration Number, if PAC			
Street Address 6832 County Rd 15	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
City Harrod	State OH	Zip Code 45850	Form (Cash, Check, etc.) Check			
Full Name of Contributor Roger King			Registration Number, if PAC			
Street Address 5598 Dundon Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Sliemers			Registration Number, if PAC			
Street Address P O Box 895	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Hinkle			Registration Number, if PAC			
Street Address 4158 Goldthread Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$150.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Vinda Ltd; c/o Vince Romanelli			Registration Number, if PAC			
Street Address 148 W Schrock Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$1,000.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Bainbridge			Registration Number, if PAC			
Street Address 2190 Lane Woods	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$300.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ken Ackerman			Registration Number, if PAC			
Street Address 4262 Clairmont Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$200.00
City Columbus	State OH	Zip Code 43220	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 \$ **\$1,950.00**