

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 Michael Gonsiorowski | | | Registration Number, if PAC | |
| Street Address 2666 Brentwood Rd | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$100.00 |
| City Bexley | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Glenn Alban | | | Registration Number, if PAC | |
| Street Address 7100 N High St | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Karin Andres | | | Registration Number, if PAC | |
| Street Address 1557 Lafayette Dr | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43220 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor John Hauelsen | | | Registration Number, if PAC | |
| Street Address 587 Fox Ln | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Worthington | State OH | Zip Code 43085 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Richard Levine | | | Registration Number, if PAC | |
| Street Address 2754 Bryden Rd | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Karen Pettiford | | | Registration Number, if PAC | |
| Street Address 7858 Burrwood St | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Dublin | State OH | Zip Code 43016 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Dan Rankin | | | Registration Number, if PAC | |
| Street Address 2649 Westmont Blvd | Employer/Occupation/Labor Organization* | | M D Y 0 3 1 0 1 1 | Amount \$50.00 |
| City Columbus | State OH | Zip Code 43221 | 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

| | |
|--|--|
| | |
|--|--|

Total expenditures this event.

| | |
|--|--|
| | |
|--|--|

Page Total \$ **\$400.00**