

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 Melliore			Registration Number, if PAC	
Street Address 5248 Aryshire Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Starkoff			Registration Number, if PAC	
Street Address 4387 Tarrytown Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Jordan			Registration Number, if PAC	
Street Address 6816 Bishop Woods Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Ouelette			Registration Number, if PAC	
Street Address 7069 Lakebrook Blvd	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Swetnam			Registration Number, if PAC	
Street Address 2178 Stowmont Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lynn White			Registration Number, if PAC	
Street Address 6210 Quebec St	Employer/Occupation/Labor Organization*		M D Y 1 2 0 2 1 3	Amount \$250.00
City Berwyn Heights	State MD	Zip Code 20740	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cheryl Truesdell			Registration Number, if PAC	
Street Address 6865 Bonnie Brae Ln	Employer/Occupation/Labor Organization*		M D Y 1 2 0 2 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) EFT	

* 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 \$ **\$1,750.00**