

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				Registration Number, if PAC	
Kenneth Wilson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3011 Bethel Rd		0	8	1010	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43220		Check	
Full Name of Contributor				Registration Number, if PAC	
Jameson Crane					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
299 N Parkview		0	8	1010	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43209		Check	
Full Name of Contributor				Registration Number, if PAC	
Richard Loveland					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
50 W Broad St		0	8	1010	\$50.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43215		Check	
Full Name of Contributor				Registration Number, if PAC	
R A Benjamin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
8639 Finlarig Dr		0	8	1010	\$50.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Dublin	OH	43017		Check	
Full Name of Contributor				Registration Number, if PAC	
Ronald Davis					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1855 Perry Ln		0	8	1010	\$250.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Frankfort	OH	45628		Check	
Full Name of Contributor				Registration Number, if PAC	
Jameson Crane Jr					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2299 Commonwealth Pk		0	8	1010	\$500.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43209		Check	
Full Name of Contributor				Registration Number, if PAC	
Robert Teater					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3272 Cleeve Hill		0	8	1010	\$500.00
City	State	Zip Code		Form (Cash, Check, etc.)	
Dublin	OH	43017		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 \$ 1,550.00