

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 Alan Jones				Registration Number, if PAC	
Street Address P O Box 329		Employer/Occupation/Labor Organization*		M D Y 0 9 2 1 1 0	Amount \$500.00
City Mt Gilead		State OH	Zip Code 43338	Form (Cash, Check, etc.) Check	
Full Name of Contributor Buckeye Patriot PAC				Registration Number, if PAC COO239905	
Street Address 2525 N Limestone St		Employer/Occupation/Labor Organization*		M D Y 0 9 2 1 1 0	Amount \$350.00
City Springfield		State OH	Zip Code 45503	Form (Cash, Check, etc.) Check	
Full Name of Contributor MI Homes PAC				Registration Number, if PAC COO418830	
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M D Y 0 9 2 1 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jed Morrison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 1 1 0	Amount \$50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Edward Carey				Registration Number, if PAC	
Street Address 140 E Town St		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Olivia Thomas				Registration Number, if PAC	
Street Address 2091 Walnut Hill Park Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 1 0	Amount \$100.00
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Auker				Registration Number, if PAC	
Street Address 620 E Walnut St		Employer/Occupation/Labor Organization*		M D Y 0 9 2 2 1 0	Amount \$25.00
City Westerville		State OH	Zip Code 43081	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 \$ **\$1,225.00**