

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 Celia Forker				Registration Number, if PAC	
Street Address 1942 Stelzer Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$35.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug Tenebaum					
Street Address 1214 Jaeger St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor William Cotton					
Street Address 27 Keswick Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Gorfried					
Street Address 608 Office Parkway		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor William Cseplo					
Street Address 6012 Glenfinnan Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurence Ruben					
Street Address 140 S Columbia Ave		Employer/Occupation/Labor Organization*		M 0	D 1
City Bexley		State OH	Zip Code 43209	Y 2	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Ward Timken					
Street Address 200 Market Ave		Employer/Occupation/Labor Organization*		M 0	D 1
City Canton		State OH	Zip Code 44702	Y 2	Amount \$100.00
				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 \$ **\$1,185.00**