

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 George Skestos			Registration Number, if PAC	
Street Address 31 S Columbia	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rodney Wassterstrom			Registration Number, if PAC	
Street Address 290 N Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley	State OH	Zip Code 43209	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lumpe & Raber; c/o David Raber			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor DeLena Ciamacco			Registration Number, if PAC	
Street Address 4531 E Walnut St	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 0	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Parkway	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43082	Y 0	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Hoaglin			Registration Number, if PAC	
Street Address 43 Preston Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Erik Yassenoff			Registration Number, if PAC	
Street Address 1990 Hampshire Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$1,000.00
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 \$ **\$4,800.00**