

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 Carlton Dargusch			Registration Number, if PAC	
Street Address 236 N Remington Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Cherie Hargrove			Registration Number, if PAC	
Street Address 978 S Front St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sean Mohn			Registration Number, if PAC	
Street Address 834 Forrest Ridge	Employer/Occupation/Labor Organization*		M 0	D 1
City Dover	State OH	Zip Code 44622	Y 1	Amount \$350.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Kohr			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Gillis			Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin	State OH	Zip Code 43017	Y 3	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43204	Y 3	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Harold Kemp			Registration Number, if PAC	
Street Address 88 W Mound St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43214	Y 3	Amount \$250.00
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 \$ **\$1,550.00**