

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 Gerald Hinkle			Registration Number, if PAC	
Street Address P O Box 20246	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott White			Registration Number, if PAC	
Street Address 7131 Deacon Dr	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lynn White			Registration Number, if PAC	
Street Address 6210 Quebec St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Berwyn Heights	State MD	Zip Code 20740	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Wasserstrom			Registration Number, if PAC	
Street Address 2300 Lockbourne Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Strategic Public Partners PAC			Registration Number, if PAC COO499343	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Alden			Registration Number, if PAC	
Street Address 1865 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andy Madison			Registration Number, if PAC	
Street Address 464 E Main St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$2,650.00**