

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 John Oberle			Registration Number, if PAC	
Street Address 60 W Southington Ave	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeremy Grayem			Registration Number, if PAC	
Street Address 1853 Glenn Ave	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Ouelette			Registration Number, if PAC	
Street Address 7069 Lakebrook Blvd	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$400.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Barnhart			Registration Number, if PAC	
Street Address 5267 Stratford Ave	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$250.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rozland McKee			Registration Number, if PAC	
Street Address 399 Trail W	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$100.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pat Manley			Registration Number, if PAC	
Street Address 3820 N High St	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Kooperman			Registration Number, if PAC	
Street Address 2570 Abington Rd	Employer/Occupation/Labor Organization*		M 0 2 2 7 1 6	Amount \$1,000.00
City Columbus	State OH	Zip Code 43221	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 \$ **\$2,400.00**