

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 Jerry Jordan			Registration Number, if PAC	
Street Address 795 Old Woods Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edgar Ingram III			Registration Number, if PAC	
Street Address 555 W Goodale St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Barnes			Registration Number, if PAC	
Street Address 4077 Delancy Park Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 2 6 1 2	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Levine			Registration Number, if PAC	
Street Address 2754 Bryden Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 6 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Sicaras			Registration Number, if PAC	
Street Address 2988 N High St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Arnold			Registration Number, if PAC	
Street Address 13885 Paragon Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$600.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check	
Full Name of Contributor Patrick Kelley			Registration Number, if PAC	
Street Address 2712 Bexley Park Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43209	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 \$ **\$3,900.00**