

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 Thomas Horner			Registration Number, if PAC				
Street Address 9417 Avemore Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State OH	Zip Code 43017	1	0	1	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor William Bishop			Registration Number, if PAC				
Street Address 2541 Bay Harbour		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Galena		State OH	Zip Code 43021	1	0	1	\$600.00
				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	Amount
City Columbus		State OH	Zip Code 43215	1	0	3	\$250.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor James Saad			Registration Number, if PAC				
Street Address 229 Huber Village Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Westerville		State OH	Zip Code 43081	1	0	3	\$100.00
				Form (Cash, Check, etc.) Check			
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	0	7	2	\$3,050.00
				Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			
Full Name of Contributor			Registration Number, if PAC				
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code				
				Form (Cash, Check, etc.)			

* 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

\$33,170.00

Total expenditures this event.

\$12,428.39

Page Total \$ **\$4,100.00**