

# 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 David Corey			Registration Number, if PAC	
Street Address 515 E Torrence Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor SSC PAC			Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Skinner			Registration Number, if PAC	
Street Address 7265 Sorrelwood Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Deleone			Registration Number, if PAC	
Street Address 137 E State St	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor MSC PAC			Registration Number, if PAC COO309468	
Street Address P O Box 594	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$300.00
City Youngstown	State OH	Zip Code 44501	Form (Cash, Check, etc.) Check	
Full Name of Contributor Madison & Rosan LLP; c/o Kristin Rosan			Registration Number, if PAC	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   3   1   5	Amount \$300.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Stevenson			Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   3   2   4   1   5	Amount \$300.00
City Columbus	State OH	Zip Code 43235	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 \$ 1,500.00