

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 Don Shackelford			Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ronald Davis			Registration Number, if PAC	
Street Address 1855 Perry Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$250.00
City Frankfort	State OH	Zip Code 45628	Form (Cash, Check, etc.) Check	
Full Name of Contributor Canini & Associates Ltd; c/o Larry Canini			Registration Number, if PAC	
Street Address 4381 Antmon Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$200.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Welch			Registration Number, if PAC	
Street Address 4839 Chaddington Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Celia Forker			Registration Number, if PAC	
Street Address 1942 Stelzer Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan Banchefsky			Registration Number, if PAC	
Street Address 5300 Harlem Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frost Brown Todd PAC			Registration Number, if PAC OH783	
Street Address 301 E Fourth St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$750.00
City Cincinnati	State OH	Zip Code 45202	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 \$ **\$1,950.00**