

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 Diane Reynolds			Registration Number, if PAC	
Street Address 372 W 7th Ave	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurence Ruben			Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harris, McClellan, Binau & Cox LLP c/o Dan Binau			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Brandt			Registration Number, if PAC	
Street Address 5187 Smothers Rd	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$35.00
City Westerville	State OH	Zip Code 43081	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 0 3 1 0 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sam Koon			Registration Number, if PAC	
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M 0 3 1 0 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43214	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 \$ **\$275.00**