

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 Michele White				Registration Number, if PAC	
Street Address 7131 Deacon Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Dublin	State OH	Zip Code 43017	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edward Carey				Registration Number, if PAC	
Street Address 140 E Town St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$400.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Mnich				Registration Number, if PAC	
Street Address 7895 Silver Lake Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Westerville	State OH	Zip Code 43082	Amount \$300.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Glavan				Registration Number, if PAC	
Street Address 92 Hanford St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$300.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Snider				Registration Number, if PAC	
Street Address 815 Ebner St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Griffith Law Office				Registration Number, if PAC	
Street Address c/o Charles Griffith	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Westerville	State OH	Zip Code 43082	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Glenn Alban				Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Worthington	State OH	Zip Code 43085	Amount \$100.00	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 \$ **\$1,850.00**