

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 Elizabeth Tracy				Registration Number, if PAC	
Street Address 5057 Heath Gate Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City New Albany	State OH	Zip Code 43054	Amount \$25.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jerry McAfee				Registration Number, if PAC	
Street Address 2145 Keltonshire Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43229	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Brigdon				Registration Number, if PAC	
Street Address 2416 Commonwealth Pk	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Bexley	State OH	Zip Code 43209	Amount \$600.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor A J Myers				Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43209	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Williams				Registration Number, if PAC	
Street Address 7188 Pebble Way Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Worthington	State OH	Zip Code 43235	Amount \$10.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Court Hall Jr				Registration Number, if PAC	
Street Address 645 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$50.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harold Keller				Registration Number, if PAC	
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Worthington	State OH	Zip Code 43085	Amount \$1,000.00	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 \$ 2,035.00