

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 Christopher Miller			Registration Number, if PAC	
Street Address 5758 Courtier Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Deborah Pryce			Registration Number, if PAC	
Street Address 2065 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Oberle			Registration Number, if PAC	
Street Address 60 W Southington Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Dunn			Registration Number, if PAC	
Street Address 6821 Ravine Circle	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor H Alan Rothenbuecher			Registration Number, if PAC	
Street Address 828 Merriman Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City Akron	State OH	Zip Code 44303	Form (Cash, Check, etc.) Check	
Full Name of Contributor Josef Keglowsch			Registration Number, if PAC	
Street Address 1281 Poppy Hills Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Holz			Registration Number, if PAC	
Street Address 1660 Gables Ct	Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 3	Amount \$250.00
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 \$ **\$1,150.00**