

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 Mitchell Banchefsky			Registration Number, if PAC	
Street Address 5300 Harlem Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$200.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher Miller			Registration Number, if PAC	
Street Address 5758 Courtier Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43017	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 7 2 8 1 2	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Shafer			Registration Number, if PAC	
Street Address 4164 Clairmont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Amy Klaben			Registration Number, if PAC	
Street Address 238 N Cassady Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pizzuti PAC			Registration Number, if PAC OH1260	
Street Address Two Miranova Pl	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Madison & Rosan PAC			Registration Number, if PAC OH1248	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43206	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 \$ **\$2,200.00**