

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 Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$35.00
Full Name of Contributor Vesna Mangano			Registration Number, if PAC	
Street Address 56 N Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$50.00
Full Name of Contributor Nancy Taylor			Registration Number, if PAC	
Street Address 701 Morning St	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 0	Amount \$100.00
Full Name of Contributor Rich & Gillis Law Group LLC c/o Jeff Rich			Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	State OH	Zip Code 43017	Y 0	Amount \$50.00
Full Name of Contributor AFPD Ohio PAC			Registration Number, if PAC CP1331	
Street Address 30415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Farmington Hill	State MI	Zip Code 48334	Y 0	Amount \$250.00
Full Name of Contributor New Albany PAC			Registration Number, if PAC COO382432	
Street Address 65 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$100.00
Full Name of Contributor Richard Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$100.00

* 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 \$ **\$685.00**