

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 Karin Andres			Registration Number, if PAC	
Street Address 1557 Lafayette Dr., Apt B	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43220	Y 0	Amount \$35.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jay Harkrider			Registration Number, if PAC	
Street Address 1515 W Lane Ave	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43221	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Bolon			Registration Number, if PAC	
Street Address 200 S Drexel Pl	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43209	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Scott Friedman			Registration Number, if PAC	
Street Address 7706 Sutton Pl	Employer/Occupation/Labor Organization*		M 0	D 1
City New Albany	Sta te OH	Zip Code 43054	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Weiler			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Stevenson			Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43235	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Connor			Registration Number, if PAC	
Street Address 306 E Beck St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43206	Y 0	Amount \$250.00
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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$1,535.00**