

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 Joseph Jackson				Registration Number, if PAC	
Street Address 1311 Clydesdale Ct		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43229	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor 1150 Alum Creek LLC; c/o Joel Mazza				Registration Number, if PAC	
Street Address 3001 Bethel Rd		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$750.00
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 0	D 6
City Columbus		State OH	Zip Code 43017	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Gregory Dunn				Registration Number, if PAC	
Street Address 6281 Ravine Circle		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Alan Starkoff				Registration Number, if PAC	
Street Address 4387 Tarrytown Ct		Employer/Occupation/Labor Organization*		M 0	D 6
City New Albany		State OH	Zip Code 43054	Y 0	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Daniel Swetnam				Registration Number, if PAC	
Street Address 2178 Stowmont Ct		Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin		State OH	Zip Code 43016	Y 0	Amount \$150.00
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 0	D 6
City Columbus		State OH	Zip Code 43085	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

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Total expenditures this event.

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Page Total \$ **\$1,770.00**