

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 James Maniace				Registration Number, if PAC	
Street Address 155 W Main St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$125.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Readler				Registration Number, if PAC	
Street Address 765 Park St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Hilson				Registration Number, if PAC	
Street Address 4281 Olmsted Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City New Albany	State OH	Zip Code 43054	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keith Stevens				Registration Number, if PAC	
Street Address 1620 E Broad St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State OH	Zip Code 43203	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harlan Louis				Registration Number, if PAC	
Street Address 6140 Hilltop Trail	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City New Albany	State OH	Zip Code 43054	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor JAD Associates LLC; c/o JoAnn Davidson				Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Columbus	State OH	Zip Code 43215	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Badurina				Registration Number, if PAC	
Street Address 5611 Pleasant Hill	Employer/Occupation/Labor Organization*		M 1	D 0	Y 3
City Hilliard	State OH	Zip Code 43026	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.

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1,475.00
