

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 Tyler Lucks				Registration Number, if PAC	
Street Address 7 Sessions Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Greg Lashutka					
Street Address 729 Mohawk St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Karl Schneider					
Street Address 9 Sessions Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John Royer					
Street Address 1480 Dublin Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Columbus Apartment Association					
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Karin Andres					
Street Address 1557 Lafayette Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Charles Ruma					
Street Address 4020 Venture Ct		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43228	Y 0	Amount \$500.00
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 \$ **\$1,835.00**