

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 Roetzel & Address; c/o Tom Dillon			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 0 1 3	Amount \$33.33
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Julie Bacome			Registration Number, if PAC	
Street Address 5400 Muirfield Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$300.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Diane Reynolds			Registration Number, if PAC	
Street Address 372 W 7th Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matthew McClellan			Registration Number, if PAC	
Street Address 1673 Essex Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Fennell			Registration Number, if PAC	
Street Address 943 Norway Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$25.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kelly Blankenbecler			Registration Number, if PAC	
Street Address 4040 Clark Shaw Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Saad			Registration Number, if PAC	
Street Address 229 Huber Village Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 2 1 1 3	Amount \$250.00
City Westerville	State OH	Zip Code 43081	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 \$ **\$1,358.33**