

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 Tamra Potts			Registration Number, if PAC			
Street Address 6314 Edgecreek Ln	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$2,500.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check			
Full Name of Contributor W Keith Stevens			Registration Number, if PAC			
Street Address 1620 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$1,000.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Cooke			Registration Number, if PAC			
Street Address 25644 Edgecliff Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$100.00
City Euclid	State OH	Zip Code 44132	Form (Cash, Check, etc.) Check			
Full Name of Contributor Madison & Rosan LLP; c/o Tim Madison			Registration Number, if PAC			
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$1,000.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank Reed			Registration Number, if PAC			
Street Address 10 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Louis Ruscilli			Registration Number, if PAC			
Street Address 2459 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Rick Boylan			Registration Number, if PAC			
Street Address 1976 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 16	Amount \$250.00
City Columbus	State OH	Zip Code 43204	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 \$ **\$5,050.00**