

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 Rhett Ricart			Registration Number, if PAC	
Street Address 34 W Poplar Ave	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Juan Perez			Registration Number, if PAC	
Street Address 8000 Ravine's Edge Ct	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kurt Anders			Registration Number, if PAC	
Street Address 5422 Dunniker Park Dr	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edgar Ingram			Registration Number, if PAC	
Street Address 555 W Goodale St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Behal Law Group; c/o Bob Behal			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tim Pirtle			Registration Number, if PAC	
Street Address 3464 Tremont Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$400.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Kessler			Registration Number, if PAC	
Street Address No 4 Bottomley Crescent	Employer/Occupation/Labor Organization*		M D Y 0 1 1 0 1 4	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	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 \$ **\$3,600.00**