

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 Jack Marchbanks			Registration Number, if PAC	
Street Address 46 N Ohio Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Goodman			Registration Number, if PAC	
Street Address 7726 Brandon Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$600.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ken Ackerman			Registration Number, if PAC	
Street Address 4262 Clairmont Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jane Doer Robinson			Registration Number, if PAC	
Street Address 6339 Autumn Crest Ct	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Camper			Registration Number, if PAC	
Street Address 90 W Hubbard Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pat Grabill			Registration Number, if PAC	
Street Address 2970 Arbuckle Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$300.00
City London	State OH	Zip Code 43140	Form (Cash, Check, etc.) Check	
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff; c/o Vic Goodman			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y 0 2 2 5 1 6	Amount \$200.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$1,600.00**