

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 Mitchell Banchefsky				Registration Number, if PAC	
Street Address 2682 Lane Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 2 1 0
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Roetzel & Address : c/o Dan Hilson				Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 4 1 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$62.50
Full Name of Contributor Roetzel & Address : c/o Kevin Osterkamp				Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 4 1 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$62.50
Full Name of Contributor Roetzel & Address : c/o Charlie Smith				Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 4 1 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$62.50
Full Name of Contributor Roetzel & Address : c/o Doug Kennedy				Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 4 1 0
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$62.50
Full Name of Contributor Pryce for Congress				Registration Number, if PAC	
Street Address 2920 S Dorschester Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2 8 1 0
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc.)		Amount

* 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

2,900.00

Total expenditures this event.

0.00

Page Total \$ **\$850.00**