

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 James Smith			Registration Number, if PAC	
Street Address 5833 Heritage Lakes Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard	State OH	Zip Code 43026	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kaufman Communities LLC; c/o Brett Kaufman			Registration Number, if PAC	
Street Address 30 Warren St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Klaben			Registration Number, if PAC	
Street Address 258 N Cassady Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Horner			Registration Number, if PAC	
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Fred Kapetansky			Registration Number, if PAC	
Street Address 2599 Sonata Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Melvin Conley			Registration Number, if PAC	
Street Address 5369 Amity Moor Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$50.00
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

--	--

Total expenditures this event

--	--

Page Total \$ **\$1,000.00**