

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 Jeff Edwards			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$2,500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor SSC PAC State of Ohio			Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Chester			Registration Number, if PAC	
Street Address 65 E State St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor J Anthony Kington			Registration Number, if PAC	
Street Address 1786 Millwood Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor J Donald Mottley			Registration Number, if PAC	
Street Address 137 St Julien St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Maniace			Registration Number, if PAC	
Street Address 155 W Main St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Phil Giessler			Registration Number, if PAC	
Street Address 882 High St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085	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 \$ **\$3,450.00**