

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 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Holbrix LLC; c/o Larry Canini			Registration Number, if PAC	
Street Address P O Box 887	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Newman			Registration Number, if PAC	
Street Address 1188 Circle on the Green	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Blankenbecker			Registration Number, if PAC	
Street Address 4040 Clark Shaw Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Roach			Registration Number, if PAC	
Street Address 530 W Spring St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Jump			Registration Number, if PAC	
Street Address 2130 Arlington Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
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

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Total expenditures this event.

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Page Total \$ **\$3,750.00**