

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

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|--|---|--------------------------|--|---------------------------|
| Name of Committee in Full Citizens for Mingo | | | | |
| Full Name of Contributor Michael Keenan | | | Registration Number, if PAC | |
| Street Address 7103 Coventry Woods Dr | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 4 1 5 | Amount \$300.00 |
| City Dublin | State OH | Zip Code 43017 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Mark Schriml | | | Registration Number, if PAC | |
| Street Address 30 E Columbus St | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$300.00 |
| City Columbus | State OH | Zip Code 43206 | Form (Cash, Check, etc.) EFT | |
| Full Name of Contributor Jed Morison | | | Registration Number, if PAC | |
| Street Address 2572 Brentwood Rd | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor William Fennell | | | Registration Number, if PAC | |
| Street Address 943 Norway Dr | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$25.00 |
| City Columbus | State OH | Zip Code 43221 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Gerald Hinkle | | | Registration Number, if PAC | |
| Street Address 427 Meditation Ln | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$300.00 |
| City Columbus | State OH | Zip Code 43235 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Thomas Taneff | | | Registration Number, if PAC | |
| Street Address 600 S High St | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Richard Levine | | | Registration Number, if PAC | |
| Street Address 27543 Bryden Rd | Employer/Occupation/Labor Organization* | | M D Y 0 3 0 6 1 5 | Amount \$100.00 |
| City Columbus | State OH | Zip Code 43209 | 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 \$ **\$1,225.00**