

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 Jerry Jordan		Registration Number, if PAC	
Street Address 795 Old Woods Rd	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$1,000.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Downes, Fishel, Haas & Kim LLP c/o Ben Albrecht		Registration Number, if PAC	
Street Address 400 S 5th St	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Moving Forward PAC		Registration Number, if PAC OH1494	
Street Address 10133 Covan Dr	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$600.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check
Full Name of Contributor Glenn Alban		Registration Number, if PAC	
Street Address 2400 Mac Ct	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor Celia Forker		Registration Number, if PAC	
Street Address 1942 Stelzer Rd	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Karin Andres		Registration Number, if PAC	
Street Address 1557 Lafayette Dr	Employer/Occupation/Labor Organization*	M D Y 0 5 3 1 1 1	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Scott Ziance		Registration Number, if PAC	
Street Address 270 N Cassingham Rd	Employer/Occupation/Labor Organization*	M D Y 0 6 0 9 1 1	Amount \$50.00
City Bexley	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 \$ **\$2,400.00**