

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		Registration Number, if PAC	
Pat Smith			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
787 Pinecliff Pl		0 2 2 7 1 6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor		Registration Number, if PAC	
Charles Smith			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6832 County Rd 15		0 2 2 7 1 6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Harrod	OH	45850	Check
Full Name of Contributor		Registration Number, if PAC	
Jim Sicaras			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
75 E Gay St		0 2 2 7 1 6	\$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
George Sicaras			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4035 Henderson Rd		0 2 2 7 1 6	\$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor		Registration Number, if PAC	
Jeff Shafer			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4164 Clairmont Rd		0 2 2 7 1 6	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	Check
Full Name of Contributor		Registration Number, if PAC	
Chad Reader			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
765 Park St		0 2 2 7 1 6	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
Deborah Price			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
2065 Tremont Rd		0 2 2 7 1 6	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	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 \$ **\$2,750.00**