

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Mingo							
Full Name of Contributor Rhiannon Ferrari			Registration Number, if PAC				
Street Address 5889 Applause Ash Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$150.00
City Grove City		State OH	Zip Code 43123	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Arnold				Registration Number, if PAC			
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ben Calhoon				Registration Number, if PAC			
Street Address 4200 Dublin Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Susan Deminski				Registration Number, if PAC			
Street Address 5190 Harlem Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$100.00
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) Check			
Full Name of Contributor Laural Flanagan				Registration Number, if PAC			
Street Address 710 Woods Hollow Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$100.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Barbara Gale				Registration Number, if PAC			
Street Address 8454 Kilbriittain Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1614	\$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Mills				Registration Number, if PAC			
Street Address 150 E Broad St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2014	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) EFT			

* 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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	\$750.00
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Page Total \$ \$750.00