

## 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 John Bates				Registration Number, if PAC			
Street Address 495 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1114	\$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Julie Bacome				Registration Number, if PAC			
Street Address 5400 Muirfield Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1114	\$500.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nicholas Zuk				Registration Number, if PAC			
Street Address 593 Brook Run Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1114	\$100.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Glenn Alban				Registration Number, if PAC			
Street Address 7100 N High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1114	\$100.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Full Name of Contributor Karl Schneider				Registration Number, if PAC			
Street Address 9 Sessions Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1114	\$1,000.00
City Bexley		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Sean Stoner				Registration Number, if PAC			
Street Address 7593 Polo Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1714	\$600.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Jeff Edwards				Registration Number, if PAC			
Street Address 495 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1714	\$1,000.00
City Columbus		State OH	Zip Code 43215	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 \$ <b>\$3,450.00</b>
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