

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 David McKee				Registration Number, if PAC	
Street Address 7127 Coventry Woods Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Dublin	State OH	Zip Code 43017	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kim Whelan				Registration Number, if PAC	
Street Address 832 Matlack Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Moorestown	State NJ	Zip Code 08057	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor JP Morgan Chase & Co PAC				Registration Number, if PAC COO128512	
Street Address 10 S Dearborn St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1
City Chicago	State IL	Zip Code 60603	Amount \$600.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Doug Anderson				Registration Number, if PAC	
Street Address 2525 Wimbledon Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Columbus	State OH	Zip Code 43220	Amount \$600.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor AFPD Ohio PAC				Registration Number, if PAC CP1331	
Street Address 30415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Farmington Hills	State MI	Zip Code 48334	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Leah Pappas				Registration Number, if PAC	
Street Address 841 Mohawk St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43206	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC COO073155	
Street Address 127 Public Sq	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Cleveland	State OH	Zip Code 44114	Amount \$2,000.00	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 \$ **\$5,000.00**