

## 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
Chad Reader			
Street Address	Employer/Occupation/Labor Organization*	M	D
765 Park St		0	7
		2	4
		1	5
		Amount	
		\$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
A J Myers			
Street Address	Employer/Occupation/Labor Organization*	M	D
384 Eastmoor Blvd		0	7
		2	4
		1	5
		Amount	
		\$300.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor			Registration Number, if PAC
Scott White			
Street Address	Employer/Occupation/Labor Organization*	M	D
7131 Deacon Dr		0	7
		2	4
		1	5
		Amount	
		\$250.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	Check
Full Name of Contributor			Registration Number, if PAC
Crabbe, Brown & James; c/o Larry James			
Street Address	Employer/Occupation/Labor Organization*	M	D
500 S Front St		0	7
		2	4
		1	5
		Amount	
		\$1,000.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor			Registration Number, if PAC
Richard Royer			
Street Address	Employer/Occupation/Labor Organization*	M	D
1845 Maxfield Dr		0	7
		2	4
		1	5
		Amount	
		\$200.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
Full Name of Contributor			Registration Number, if PAC
Brian Barnes			
Street Address	Employer/Occupation/Labor Organization*	M	D
4077 Delancy Park Dr		0	7
		2	4
		1	5
		Amount	
		\$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor			Registration Number, if PAC
Harold Keller			
Street Address	Employer/Occupation/Labor Organization*	M	D
543 Greenglade Ave		0	7
		2	4
		1	5
		Amount	
		\$500.00	
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	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>\$2,450.00</b>
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