

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