

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 Ashley Behrendt			Registration Number, if PAC	
Street Address 367 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$50.00
Full Name of Contributor Doug Talbott			Registration Number, if PAC	
Street Address 8020 Flint Run Pl	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43235	Y 0	Amount \$100.00
Full Name of Contributor David Goodman			Registration Number, if PAC	
Street Address 7250 Talanth Pl	Employer/Occupation/Labor Organization*		M 0	D 3
City New Albany	State OH	Zip Code 43054	Y 0	Amount \$50.00
Full Name of Contributor Jarrold Frobose			Registration Number, if PAC	
Street Address 165 Garden Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$60.00
Full Name of Contributor Jayne Brown			Registration Number, if PAC	
Street Address 871 S Lazelle St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 0	Amount \$35.00
Full Name of Contributor Jagdish Davda			Registration Number, if PAC	
Street Address 940 Vauxhill Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Powell	State OH	Zip Code 43065	Y 0	Amount \$50.00
Full Name of Contributor Jack Marchbanks			Registration Number, if PAC	
Street Address 46 N Ohio Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43203	Y 0	Amount \$50.00

* 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 \$ **\$395.00**