

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 Jeff Kaplan		Registration Number, if PAC		
Street Address 2220 S 3 B's & K Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$50.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicholas Mussulin		Registration Number, if PAC		
Street Address 4120 Logan Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$150.00
City Canton	State OH	Zip Code 44709	Form (Cash, Check, etc.) Check	
Full Name of Contributor James Saad		Registration Number, if PAC		
Street Address 229 Huber Village Blvd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$300.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Hondros		Registration Number, if PAC		
Street Address 72228 Greensward Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Larry Canini		Registration Number, if PAC		
Street Address P O Box 887	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sam Koon		Registration Number, if PAC		
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$400.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Guy Reece		Registration Number, if PAC		
Street Address 7191 Keystone Ranch Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 2 8 1 4	Amount \$100.00
City Blacklick	State OH	Zip Code 43004	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

--	--

Total expenditures this event.

--	--

Page Total \$ 2,500.00