

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 Bryan Prosek			Registration Number, if PAC	
Street Address 2584 Rittenhour Ct	Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 1 2	Amount \$300.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Talbott			Registration Number, if PAC	
Street Address 442 E Northwood Ave	Employer/Occupation/Labor Organization*		M D Y 0 5 0 1 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Celia Forker			Registration Number, if PAC	
Street Address 1942 Stelzer Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 2	Amount \$35.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Overmyer			Registration Number, if PAC	
Street Address 2480 Stonehaven Pl	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 2	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Association			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Kontagiannis			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Heather Goodman			Registration Number, if PAC	
Street Address 7250 Talanth Pl	Employer/Occupation/Labor Organization*		M D Y 0 5 0 8 1 2	Amount \$100.00
City New Albany	State OH	Zip Code 43054	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 \$ **\$3,185.00**