

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 Robert Jeffrey				Registration Number, if PAC	
Street Address 100 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Jeffrey				Registration Number, if PAC	
Street Address 100 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor 21 Consulting LLC; c/o Steve Dimon				Registration Number, if PAC	
Street Address 21 W Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor John Hamlin				Registration Number, if PAC	
Street Address 21 W Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC COOO73155	
Street Address 127 Public Sq		Employer/Occupation/Labor Organization*		M 0	D 1
City Cleveland		State OH	Zip Code 44114	Y 3	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Baker & Hostetler LLP PAC				Registration Number, if PAC OH125	
Street Address 3200 National City Center		Employer/Occupation/Labor Organization*		M 0	D 1
City Cleveland		State OH	Zip Code 44114	Y 3	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James Sicaras				Registration Number, if PAC	
Street Address 1955 Upper Chelsea Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 3	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 \$ **\$2,900.00**