

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 Nik's Construction LLC; c/o Nik Labudouski				Registration Number, if PAC	
Street Address 862 N High St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$150.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor E & N Concrete LLC; c/o Natalie Brown				Registration Number, if PAC	
Street Address 697 Drummond Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43214	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount \$225.00	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	

* 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.

2,525.00

625.00