

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 Jerry Jordan			Registration Number, if PAC	
Street Address 795 Old Woods Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43235	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Sally Jordan			Registration Number, if PAC	
Street Address 795 Old Woods Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43235	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor David Swisher			Registration Number, if PAC	
Street Address 665 S Cassingham Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$60.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Dan McCormick			Registration Number, if PAC	
Street Address 3800 Ritamarie Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Emily Gerber			Registration Number, if PAC	
Street Address 1675 Roxbury Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Stephen Geraghty			Registration Number, if PAC	
Street Address 2061 Ellington Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor J Randall Schoedinger			Registration Number, if PAC	
Street Address 1882 N Devon Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43212	Y 2	Amount \$150.00
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 \$ **\$650.00**