

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 Karl Schneider			Registration Number, if PAC	
Street Address 9 Sessions Dr	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Cheryl Krueger			Registration Number, if PAC	
Street Address 7130 Greensward Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Porter, Wright; c/o J B Hadden			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Assn PAC			Registration Number, if PAC OH 146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor J D Leach			Registration Number, if PAC	
Street Address 1236 Kenbrook Hills Dr	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Purvis-Hinson			Registration Number, if PAC	
Street Address 7518 Ogden Woods	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tracey Bowman			Registration Number, if PAC	
Street Address 107 Ashbourne Rd	Employer/Occupation/Labor Organization*		M D Y 0 1 3 1 1 3	Amount \$250.00
City Bexley	State OH	Zip Code 43209	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 \$ **\$1,450.00**