

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 250 Civic Center Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Herb Gillen					
Street Address 2224 Dorset Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Ryan Augsburger					
Street Address 1960 W 5th Ave		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Seidel					
Street Address 4660 Stonehaven Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$60.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Laural Flanagan					
Street Address 710 Woods Hollow Ln		Employer/Occupation/Labor Organization*		M 0	D 9
City Powell		State OH	Zip Code 43065	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Karen Pettiford					
Street Address 7858 Burrwood St		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 0	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Carrie Ciotola					
Street Address 4225 Greensview Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$75.00
				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 \$ **\$435.00**