

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		Registration Number, if PAC	
Vesna Mangano			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
56 N Parkview Ave		0 3	2 4 1 0 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Edwin Carr			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
6088 Nicholas Glen		0 3	2 4 1 0 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43213	Check
Full Name of Contributor		Registration Number, if PAC	
Stanford Ackley			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
695 Kenwick Rd		0 3	2 4 1 0 \$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Samuel Koon			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
141 E Town St		0 3	2 4 1 0 \$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name of Contributor		Registration Number, if PAC	
Joseph Armeni			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
295 W 4th Ave		0 3	2 4 1 0 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43201	Check
Full Name of Contributor		Registration Number, if PAC	
Jerry Jordan			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
795 Old Woods Rd		0 3	2 4 1 0 \$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43235	Check
Full Name of Contributor		Registration Number, if PAC	
Ronald Sabatino			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
3895 Stoneridge Ln		0 3	2 4 1 0 \$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	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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