

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 Cleveland Ave Professional Center LLC; c/o Mervyn Samuel			Registration Number, if PAC	
Street Address 7953 Kennedy Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$1,000.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Milroy Samuel			Registration Number, if PAC	
Street Address 7708 Roxton Ct	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Darren Harder			Registration Number, if PAC	
Street Address 4685 Hayden Run Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$2,000.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harry Leibowitz			Registration Number, if PAC	
Street Address P O Box 5329	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$5,000.00
City Incline Village	State NV	Zip Code 89450	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura Weist			Registration Number, if PAC	
Street Address 1720 Westover Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$6,000.00
City Mansfield	State OH	Zip Code 44906	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Laura Weist			Registration Number, if PAC	
Street Address 1720 Westover Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$4,000.00
City Mansfield	State OH	Zip Code 44906	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jasmine Clements			Registration Number, if PAC	
Street Address 3685 Prestwoud Close	Employer/Occupation/Labor Organization*		M D Y 0 3 2 9 1 3	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) EFT	

* 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

\$20,000.00

Total expenditures this event.

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Page Total \$ 20,000.00