

# 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 John Kessler			Registration Number, if PAC	
Street Address No 4 Bottomley Crescent	Employer/Occupation/Labor Organization*		M 0	D 1
City New Albany	State OH	Zip Code 43054	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor Brad Dehays			3	
Street Address 2006 Cambridge Blvd			M 0	D 1
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner PAC			3	
Street Address 300 Spruce St			M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor Jennifer Camper			3	
Street Address 90 Hubbard Ave			M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor John Bates			3	
Street Address 495 S High St			M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor Edward Carey			3	
Street Address 140 E Town St			M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check			8	1
Full Name of Contributor Karin Andres			3	
Street Address 1557 Lafayette Dr			M 0	D 1
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check			8	1

\* 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 \$ 1,550.00