

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 Craig Anderson				Registration Number, if PAC	
Street Address 2370 Onandaga Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43221		Form (Cash, Check, etc.) Check	
Full Name of Contributor Glenn Alban				Registration Number, if PAC	
Street Address 7100 N High St		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 6	Amount \$100.00
City Worthington	State OH	Zip Code 43085		Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Levine				Registration Number, if PAC	
Street Address 2754 Bryden Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43209		Form (Cash, Check, etc.) Check	
Full Name of Contributor Vinny Herwig				Registration Number, if PAC	
Street Address 657 Bay Dr		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 6	Amount \$25.00
City Westerville	State OH	Zip Code 43802		Form (Cash, Check, etc.) Check	
Full Name of Contributor David Corey				Registration Number, if PAC	
Street Address 515 E Torrence Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 0 8 1 6	Amount \$150.00
City Columbus	State OH	Zip Code 43214		Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos				Registration Number, if PAC	
Street Address 31 S Columbia Ave		Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$1,000.00
City Bexley	State OH	Zip Code 43209		Form (Cash, Check, etc.) Check	
Full Name of Contributor John Hondros				Registration Number, if PAC	
Street Address 7228 Greensward Rd		Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054		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 \$ **\$2,575.00**