

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 Lawrence Hilsheimer			Registration Number, if PAC	
Street Address 7278 Lambton Park Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$500.00
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
Full Name of Contributor Charles Griffith			Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$150.00
Full Name of Contributor Randy Best			Registration Number, if PAC	
Street Address 10035 Juliana Circle	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 2	Amount \$150.00
Full Name of Contributor William Cseplo			Registration Number, if PAC	
Street Address 6012 Glenfinnan Ct	Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin	State OH	Zip Code 43017	Y 2	Amount \$200.00
Full Name of Contributor Bailey Cavalier LLC; c/o Harlan Louis			Registration Number, if PAC	
Street Address 10 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor Lora D'Souza			Registration Number, if PAC	
Street Address P O Box 284	Employer/Occupation/Labor Organization*		M 0	D 7
City Galena	State OH	Zip Code 43021	Y 2	Amount \$100.00

* 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 \$ **\$2,200.00**