

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 Jeffrey Feinman				Registration Number, if PAC	
Street Address 5247 Longrifle Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nationwide Mutual Insurance PAC				Registration Number, if PAC COOO76174	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Holstein				Registration Number, if PAC	
Street Address P O Box 7651		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43207	Y 2	Amount \$600.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Carl Christman				Registration Number, if PAC	
Street Address 114 Dorchester Sq		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor James Saad				Registration Number, if PAC	
Street Address 229 Huber Village Blvd		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor SSC PAC State of Ohio				Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Griffith				Registration Number, if PAC	
Street Address 522 N State St		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$300.00
				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 \$ **\$4,000.00**