

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 Lonie Miles				Registration Number, if PAC	
Street Address 2100 Builders Place		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Tom Moser				Registration Number, if PAC	
Street Address 2221 Schrock Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43229	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Donald Shackelford				Registration Number, if PAC	
Street Address 5750 Clark State Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$600.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Andre Porter				Registration Number, if PAC	
Street Address 5778 Blendon Brook Ln		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43230	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor A Eric George				Registration Number, if PAC	
Street Address 4271 Mumford Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$20.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Borges				Registration Number, if PAC	
Street Address 845 S 3rd St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount \$2,350.00
				Form (Cash, Check, etc.)	

* 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

24,180.00

Total expenditures this event.

0.00

Page Total \$ 4,520.00