31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 1/20/10
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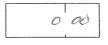
Name of Committee in Full					
Citizens for mingo					
Full Name of Contributor	Registration Nun	iber, if PAC			
Lonie Miles					
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
2100 Builders Place			0 1 2 8	1 0 \$1,000.00	
City	Sta te	Zip Code	Form (Cash, Chec	xk, etc.)	
Columbus	ОН	43204	Check		
Full Name of Contributor			Registration Number, if PAC		
Tom Moser					
Street Address	Employer/Occupa	ation/Labor Organization*	M D D 1 2 8	Y Amount	
2221 Schrock Rd				l 8	
City	Sta te	Zip Code	Form (Cash, Chec	ck, etc.)	
Columbus	OH	43229	Check		
Full Name of Contributor	Registration Nun	nber, if PAC			
Donald Shackelford					
Street Address	Employer/Occupation/Labor Organization*		0 1 2 8	Y Amount	
5750 Clark State Rd				1 0 \$600.00	
City	Sta te	Zip Code	Form (Cash, Check	ck, etc.)	
Gahanna	OH	43230	Check	1000	
Full Name of Contributor	Registration Nur	nder, if PAC			
Andre Porter	M D	T y #4			
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Y Amount 1 0 \$50.00	
5778 Blendon Brook Ln		[7]. C. 1	0 1 2 9		
Calumbus	Sta te	Zip Code	Form (Cash, Che	CK, CIC.)	
Columbus	OH	43230	Check Pagistration Nur	abor if PAC	
Full Name of Contributor A Eric George			Registration Nur	noci, ii fac	
Street Address 4271 Mumford Dr	Employer/Occupation/Labor Organization*		0 1 2 9	Y Amount 1 0 \$20.00	
City	Sta te	Zip Code	Form (Cash, Che	ck, etc.)	
Columbus	OH	43204	Check		
Full Name of Contributor Matt Borges	Registration Number, if PAC				
Street Address	Employer/Occum:	ation/Labor Organization*	M D	Y Amount	
845 S 3rd St		<u> </u>	0 1 2 9	1 0 \$300.00	
City	Sta te	Zip Code	Form (Cash, Che	ck, etc.)	
Ćolumbus	ОН	43206	Check		
Full Name of Contributor	Registration Nu	mber, if PAC			
Total Employee Contributions From Form 31-0					
Street Address	Employer/Occupa	ation/Labor Organization*	M D	Y Amount \$2,350.00	
City	Sta te	Zip Code	Form (Cash, Che	ck, etc.)	
	ОН		ST AND THE		
* Pagyired for contributions from individuals over \$100 to		cembly candidates. If contribe	ntor is self-employed	the occupation and the name of	

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	con	rib	utions	this	event	
 2	Life	1000	80	C	0	

Total expenditures this event.



\$4,520.00 Page Total \$

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)]