

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 VSSP Advocates for Effective Government			Registration Number, if PAC OH108	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bradley for Ohio			Registration Number, if PAC	
Street Address 260 N Cassady Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Joseph Erb			Registration Number, if PAC	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Marjorie Kruse			Registration Number, if PAC	
Street Address 1733 White Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$35.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Friends of Cornell Robertson			Registration Number, if PAC	
Street Address 5434 Schatz Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$35.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chris Maurer			Registration Number, if PAC	
Street Address 1709 Durbridge Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$35.00
City Columbus	State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dana Hughes			Registration Number, if PAC	
Street Address 2871 Annabell Ct	Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 1	Amount \$35.00
City Grove City	State OH	Zip Code 43123	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 \$ **\$475.00**