

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>					
Full Name of Contributor <b>Thomas Bainbridge</b>				Registration Number, if PAC	
Street Address <b>2190 Lane Woods Dr</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Amount <b>\$300.00</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jeff DeLeone</b>				Registration Number, if PAC	
Street Address <b>137 E State St</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>0</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$250.00</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Cassandra Hicks</b>				Registration Number, if PAC	
Street Address <b>670 Frances Ct</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>0</b>
City <b>Gahanna</b>	State <b>OH</b>	Zip Code <b>43230</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>EFT</b>	
Full Name of Contributor <b>Harold Keller</b>				Registration Number, if PAC	
Street Address <b>543 Greenglade Ave</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>1</b>
City <b>Worthington</b>	State <b>OH</b>	Zip Code <b>43085</b>	Amount <b>\$100.00</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Columbus Apartment Assn</b>				Registration Number, if PAC <b>OH146</b>	
Street Address <b>1225 Dublin Rd</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Amount <b>\$250.00</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Bryan Prosek</b>				Registration Number, if PAC	
Street Address <b>2584 Rittenhour Ct</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>1</b>
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43004</b>	Amount <b>\$250.00</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Associated Builders &amp; Contractors PAC</b>				Registration Number, if PAC <b>OH147</b>	
Street Address <b>1725 Jetway Blvd</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>1</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Amount <b>\$250.00</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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

Total expenditures this event.

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1,500.00
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