

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 Brian Kooperman			Registration Number, if PAC	
Street Address 2570 Abington Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$1,000.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Blankenbecler			Registration Number, if PAC	
Street Address 4040 Clark Shaw Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$300.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lumpe & Raber; c/o David Raber			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Jeffrey			Registration Number, if PAC	
Street Address 100 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor AFPD Ohio PAC			Registration Number, if PAC CP1331	
Street Address 30415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 5	Amount \$300.00
City Farmington Hills	State MI	Zip Code 48334	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Holstein			Registration Number, if PAC	
Street Address 2301 Fairwood	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43207	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

--	--

Total expenditures this event.

--

Page Total \$ **\$2,600.00**