

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 Karen Pettiford			Registration Number, if PAC	
Street Address 7858 Burrwood St	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Roetzel & Address; c/o James Ervin			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Crabbe, Brown & James; c/o Larry James			Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gerrity & Burrier; c/o Timothy Gerrity			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Kamilah Prince			Registration Number, if PAC	
Street Address 7484 Bloomfield Pl	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Leonard Hubert			Registration Number, if PAC	
Street Address 85 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Ervin Jr			Registration Number, if PAC	
Street Address 6708 Glasin Ct	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43016	Y 2	Amount \$250.00
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 \$ \$1,500.00