

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 Cassandra Hicks			Registration Number, if PAC	
Street Address 670 Frances Ct	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephen Landerman			Registration Number, if PAC	
Street Address 2598 Camden Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lenore Schottenstein			Registration Number, if PAC	
Street Address 1000 S Dawson Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$200.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Haley Callahan			Registration Number, if PAC	
Street Address 6779 Middlebrook Blvd	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$50.00
City Middleburg Height	State OH	Zip Code 44130	Form (Cash, Check, etc.) Check	
Full Name of Contributor W Keith Stevens			Registration Number, if PAC	
Street Address 1620 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$1,000.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Gleason			Registration Number, if PAC	
Street Address 7532 Ogden Woods Blvd	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harold Keller			Registration Number, if PAC	
Street Address 543 Greenglade Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 1 1 1 5	Amount \$300.00
City Worthington	State OH	Zip Code 43085	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 \$ **\$2,050.00**