

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 Associated Builders & Contractors PAC				Registration Number, if PAC OH147	
Street Address 1725 Jetway Blvd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43219	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Henderson					
Street Address 1155 Evergreen Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43207	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Grange Mutual Casualty PAC					
Street Address 671 S High St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43206	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Byers, Minton & Associates LLC; c/o Bill Byers					
Street Address 107 S High St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Boylan					
Street Address 1976 Lake Shore Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43204	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dayna Payne					
Street Address 2611 Clarion Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43220	Y 3	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold					
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 3	Amount \$300.00
				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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$2,100.00**