

# 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>Jack Marchbanks</b>			Registration Number, if PAC	
Street Address <b>46 N Ohio Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43203</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jameson Crane</b>			Registration Number, if PAC	
Street Address <b>500 S Parkview Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Don Shackelford</b>			Registration Number, if PAC	
Street Address <b>21 E State St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>James Saad</b>			Registration Number, if PAC	
Street Address <b>229 Huber Village Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$100.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Betsy Liska</b>			Registration Number, if PAC	
Street Address <b>1657 W 3rd Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Ash Solomon</b>			Registration Number, if PAC	
Street Address <b>5582 Dumfries Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$100.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>David Lauer</b>			Registration Number, if PAC	
Street Address <b>5386 Dunniker Park Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   7   3   0   1   5</b>	Amount <b>\$100.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</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

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Total expenditures this event.

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Page Total \$ **\$2,050.00**