

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 Deborah Johnson			Registration Number, if PAC	
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Stobbs			Registration Number, if PAC	
Street Address 72311 Colerain-Mt Pleasant	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$50.00
City Dillonville	State OH	Zip Code 43917	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dimitrios Mandas			Registration Number, if PAC	
Street Address 4525 Coach Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor W Gary Robson			Registration Number, if PAC	
Street Address 7000 Scioto Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$150.00
City Dublin	State OH	Zip Code 43017	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 8 1 6 1 3	Amount \$150.00
City Farmington Hills	State MI	Zip Code 48334	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Roach			Registration Number, if PAC	
Street Address 530 W Spring St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Readler			Registration Number, if PAC	
Street Address 765 Park St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$250.00
City Columbus	State OH	Zip Code 43215	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 \$ 1,150.00