

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 Jill Rudler			Registration Number, if PAC	
Street Address 550 Polaris Parkway	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Corna			Registration Number, if PAC	
Street Address 2101 Abbotsford Green Dr	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$300.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Bonasera			Registration Number, if PAC	
Street Address 245 John H McConnell Blvd	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tamara Potts			Registration Number, if PAC	
Street Address 44 Tinley Park Circle	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$1,000.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andy Bowers			Registration Number, if PAC	
Street Address 612 Park St	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Boylan			Registration Number, if PAC	
Street Address 1976 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gautam Samadder			Registration Number, if PAC	
Street Address 3842 Lambton Pl	Employer/Occupation/Labor Organization*		M 0 3 1 1 1 5	Amount \$300.00
City New Albany	State OH	Zip Code 43054	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 \$ **\$2,400.00**