

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 Reminger Co. LPA PAC			Registration Number, if PAC CP495	
Street Address 101 Prospect Ave	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$300.00
City Cleveland	State OH	Zip Code 44114	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tamra Potts			Registration Number, if PAC	
Street Address 6314 Edgecreek Ln	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$2,500.00
City Columbus	State OH	Zip Code 43231	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jed Morison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Baas			Registration Number, if PAC	
Street Address 137 Remington Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$300.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Chad Delligatti			Registration Number, if PAC	
Street Address 8108 Harriott Rd	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frederick Graft			Registration Number, if PAC	
Street Address 1123 Worthington Heights Blvd	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Underhill Yaross LLC; c/o David Hodge			Registration Number, if PAC	
Street Address 8000 Walton Parkway	Employer/Occupation/Labor Organization*		M D Y 0 2 0 4 1 6	Amount \$500.00
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 \$ **\$4,800.00**