

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 Arleen Resnick				Registration Number, if PAC	
Street Address 6917 Betsey Pl		Employer/Occupation/Labor Organization*		M 0	D 9
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Total Employee Contributions From Form 31-G					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount \$1,300.00
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

\$4,635.00

Total expenditures this event.

\$172.42Page Total \$ **\$1,350.00**