

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 Andy Mills			Registration Number, if PAC			
Street Address P O Box 2013	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc.) EFT			
Full Name of Contributor MSCPAC			Registration Number, if PAC COO309468			
Street Address P O Box 594	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$200.00
City Youngstown	State OH	Zip Code 44501	Form (Cash, Check, etc.) Check			
Full Name of Contributor Kaufman Communities LLC; c/o Brett Kaufman			Registration Number, if PAC			
Street Address 30 Warren St	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jerome Solove			Registration Number, if PAC			
Street Address 6185 Heritage Lakes Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$300.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor Vinda Ltd; c/o Vince Romanelli			Registration Number, if PAC			
Street Address 148 W Schrock Rd	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$200.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Curtis Hannah			Registration Number, if PAC			
Street Address 7748 Kate Brown Dr	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Nicholas Mussulin			Registration Number, if PAC			
Street Address 4120 Logan Ave	Employer/Occupation/Labor Organization*		M 0	D 2	Y 2	Amount \$100.00
City Canton	State OH	Zip Code 44709	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 \$ **\$1,300.00**