

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 Holly Kastan				Registration Number, if PAC	
Street Address 225 N Columbia Av		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Kohr				Registration Number, if PAC	
Street Address 1480 Dublin Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Bainbridge				Registration Number, if PAC	
Street Address 2190 Lane Woods Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dayna Payne				Registration Number, if PAC	
Street Address 2611 Clarion Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43220	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bricker & Eckler LLP PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad Bennett				Registration Number, if PAC	
Street Address 3050 Avalon Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Harris, McClellan, Binau & Cox; c/o Dan Binau				Registration Number, if PAC	
Street Address 37 W Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
				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 \$ **\$1,600.00**