

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 Alan Wasserstrom			Registration Number, if PAC	
Street Address 2300 Lockbourne Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43207	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Bowman			Registration Number, if PAC	
Street Address 107 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Holly Kastan			Registration Number, if PAC	
Street Address 225 N Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Timken			Registration Number, if PAC	
Street Address 200 Market Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Canton	State OH	Zip Code 44702	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chris Slagle			Registration Number, if PAC	
Street Address 478 Blenheim Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matt McClellan			Registration Number, if PAC	
Street Address 1673 Essex Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Melvin Conley			Registration Number, if PAC	
Street Address 3680 S State Route 605	Employer/Occupation/Labor Organization*		M 0	D 9
City Galena	State OH	Zip Code 43021	Y 0	Amount \$50.00
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

--

Total expenditures this event.

--

Page Total \$ **\$1,400.00**