

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

|  |   |                          |  |  |
|--|---|--------------------------|--|--|
| Name of Committee in Full<br><b>Citizens for Mingo</b>                     |   |                          |  |  |
| Full Name of Contributor<br><b>Randy Best</b>                              |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>10035 Juliana Circle</b>                              | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$100.00 |  |
| City<br><b>Powell</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43065</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>Dayna Baird</b>                             |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>2611 Clarion Ct</b>                                   | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$100.00 |  |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43220</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>Donald Baird III</b>                        |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>4280 Randmore Rd</b>                                  | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$100.00 |  |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43220</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>Curtis Hannah</b>                           |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>7748 Kate Brown Dr</b>                                | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$200.00 |  |
| City<br><b>Dublin</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43017</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>Troy Fryman</b>                             |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>2289 Peak Ct</b>                                      | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$200.00 |  |
| City<br><b>Hebron</b>  | State<br><b>KY</b>                      | Zip Code<br><b>41048</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>Patrick Fields</b>                          |   |                          | Registration Number, if PAC                      |  |
| Street Address<br><b>6075 Township Rd 107</b>                              | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$100.00 |  |
| City<br><b>Mt Gilead</b>   | State<br><b>OH</b>                      | Zip Code<br><b>43338</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |
| Full Name of Contributor<br><b>VSSP Advocates for Effective Government</b> |   |                          | Registration Number, if PAC<br><b>OH108</b>      |  |
| Street Address<br><b>52 E Gay St</b>                                       | Employer/Occupation/Labor Organization* |                          | M<br>1<br>D<br>2<br>Y<br>0<br>Amount<br>\$250.00 |  |
| City<br><b>Columbus</b>  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form (Cash, Check, etc.)<br><b>Check</b>         |  |

\* 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 \$ **\$1,050.00**