

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 Mary Carducci			Registration Number, if PAC	
Street Address 5212 Preston Ct	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$250.00
City Powell	State OH	Zip Code 43065	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor Cynthia Englefield			Registration Number, if PAC	
Street Address 1731 Timberlake Dr	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$250.00
City Delaware	State OH	Zip Code 43015	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Bluestone			Registration Number, if PAC	
Street Address 141 E Town St	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Horner			Registration Number, if PAC	
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor John Hondros			Registration Number, if PAC	
Street Address 7228 Greensward Rd	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa Hinson			Registration Number, if PAC	
Street Address 7518 Ogden Woods	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$50.00
City New Albany	State OH	Zip Code 43054	Y 1 Form (Cash, Check, etc.) Check	
Full Name of Contributor Stephanie Cascian			Registration Number, if PAC	
Street Address 859 Creek Bend Ln	Employer/Occupation/Labor Organization*		M 1 D 2 Y 0	Amount \$250.00
City Powell	State OH	Zip Code 43065	Y 1 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 \$ **\$1,650.00**