

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 C L Truesdell				Registration Number, if PAC	
Street Address 6865 Bonnie Brae Ln	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Gregory Browning				Registration Number, if PAC	
Street Address 686 Hartford St	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor James Lorimer				Registration Number, if PAC	
Street Address 1215 Worthington Woods Blvd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Anita Steinbergh				Registration Number, if PAC	
Street Address 7641 Cherryfield Pl	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount \$35.00
Full Name of Contributor Gerald Hinkle				Registration Number, if PAC	
Street Address P O Box 20246	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor John Hauelsen				Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$35.00
Full Name of Contributor Ronald Belknap				Registration Number, if PAC	
Street Address 14960 Ulrey Rd	Employer/Occupation/Labor Organization*		M 0	D 4	Y 2 3 1 4
City Centerburg	State OH	Zip Code 43011	Form (Cash, Check, etc.) Check		Amount \$100.00

* 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 \$ **\$1,020.00**