

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 Sam Koon			Registration Number, if PAC	
Street Address 141 E Town St., Suite 310	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43215	Y 0	Amount \$450.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Martin			Registration Number, if PAC	
Street Address 6031 Wilton House Ct	Employer/Occupation/Labor Organization*		M 0	D 1
City New Albany	Sta te OH	Zip Code 43054	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor A J Myers			Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeff Rich			Registration Number, if PAC	
Street Address 6400 Riverside Dr., Suite D	Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin	Sta te OH	Zip Code 43017	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard Rieth			Registration Number, if PAC	
Street Address 1195 E Cooke Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43224	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Schottenstein			Registration Number, if PAC	
Street Address 2300 Commonwealth Park	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	Sta te OH	Zip Code 43209	Y 0	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 \$ **\$1,650.00**