

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 John Hauelsen				Registration Number, if PAC	
Street Address 587 Fox Ln		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Shad Phipps					
Street Address 4333 Reed Rd		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor William Fennell					
Street Address 943 Norway Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$25.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Wasserstrom					
Street Address 2300 Lockbourne Rd		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43207	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Catherine Lyttle					
Street Address 192 Tucker Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Schiff					
Street Address 400 S Parkview Ave		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dorothy Teater					
Street Address 3272 Cleeve Hill		Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$1,000.00
				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 \$ **\$1,625.00**