

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		Registration Number, if PAC	
Arleen Resnick			
Street Address	Employer/Occupation/Labor Organization*	M	D
6917 Betsey Pl		1	1
City	State	Zip Code	Amount
Worthington	OH	43085	\$50.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Ed Overmyer			
Street Address	Employer/Occupation/Labor Organization*	M	D
2480 Stonehaven Pl		1	1
City	State	Zip Code	Amount
Columbus	OH	43220	\$250.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Edward Carey			
Street Address	Employer/Occupation/Labor Organization*	M	D
140 E Town St		1	1
City	State	Zip Code	Amount
Columbus	OH	43215	\$250.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
William Cooper			
Street Address	Employer/Occupation/Labor Organization*	M	D
6083 Olentangy River Rd		1	1
City	State	Zip Code	Amount
Worthington	OH	43085	\$250.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
James Saad			
Street Address	Employer/Occupation/Labor Organization*	M	D
229 Huber Village Blvd		1	1
City	State	Zip Code	Amount
Westerville	OH	43081	\$100.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Larry Canini			
Street Address	Employer/Occupation/Labor Organization*	M	D
4381 Antman Round		1	1
City	State	Zip Code	Amount
New Albany	OH	43054	\$50.00
Form (Cash, Check, etc.)			
Check			
Full Name of Contributor		Registration Number, if PAC	
Nancy Taylor			
Street Address	Employer/Occupation/Labor Organization*	M	D
701 Morning St		1	1
City	State	Zip Code	Amount
Worthington	OH	43085	\$100.00
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 \$ 1,050.00