

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 Sara Molski				Registration Number, if PAC			
Street Address 2133 Quarry Valley Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	\$10.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor Citizens for Rhodes				Registration Number, if PAC			
Street Address 14 E Gay St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	\$40.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ryan Preisse				Registration Number, if PAC			
Street Address 708 S Fifth St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	\$20.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Paul McIlwaine				Registration Number, if PAC			
Street Address 520 Richwood Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	0	\$40.00
City Pataskala		State OH	Zip Code 43062	Form (Cash, Check, etc.) Cash			
Full Name of Contributor John Bates				Registration Number, if PAC			
Street Address 495 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	2	\$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							\$940.00
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$1,585.00

Total expenditures this event

\$475.00Page Total \$ **\$1,150.00**