

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Mingo			
Full Name of Contributor Terry Arnold		Registration Number, if PAC	
Street Address 7200 Lakebrook Blvd	Employer/Occupation/Labor Organization*	M D Y 0 8 1 5 1 4	Amount \$75.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check
Full Name of Contributor VW Investments Ltd; c/o Sue Van Woerkman		Registration Number, if PAC	
Street Address 6200 State Route 56		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 4	Amount \$100.00
City London	State OH	Zip Code 43140	Form (Cash, Check, etc.) Check
Full Name of Contributor Kate & Tony Thomas LLC; c/o Tony Thomas		Registration Number, if PAC	
Street Address 220 Market St		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 5 1 4	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor North Area Real Estate Assn; c/o Emmanuel Remy		Registration Number, if PAC	
Street Address 3951 N High St		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Kathy Shiflet		Registration Number, if PAC	
Street Address 1540 Willowridge Dr		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 4	Amount \$1,000.00
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc.) Check
Full Name of Contributor Marian Heiger Trust; c/o Steven Heiger		Registration Number, if PAC	
Street Address 1687 Doone Rd		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Ted Oatts		Registration Number, if PAC	
Street Address P O Box 111		Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 4	Amount \$500.00
City Worthington	State OH	Zip Code 43085	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

Total expenditures this event.

Page Total \$ **\$2,775.00**