

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 Ronald Wiley				Registration Number, if PAC	
Street Address 1809 College Park Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Ronald Fresco				Registration Number, if PAC	
Street Address 6426 Morningside Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Canini & Associates Ltd; c/o Larry Canini				Registration Number, if PAC	
Street Address 4381 Antmon Round	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor David Connor				Registration Number, if PAC	
Street Address 306 E Beck St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor George Kontogiannis				Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Rinehart, Rishel & Cuckler Ltd; c/o Steve Cuckler				Registration Number, if PAC	
Street Address 300 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Robert Yoakam				Registration Number, if PAC	
Street Address 6345 Taggart Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 0813
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check		Amount \$100.00

* 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 \$ **\$1,250.00**