

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 Jeff Edwards			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor 111 Liberty Street LLC; c/o Larry Canini			Registration Number, if PAC	
Street Address P O Box 887	Employer/Occupation/Labor Organization*		M D Y 0 3 1 4 1 5	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Baas			Registration Number, if PAC	
Street Address 137 Remington Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$100.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Kessler			Registration Number, if PAC	
Street Address No 4 Bottomley Cresnet	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Robinson			Registration Number, if PAC	
Street Address 6339 Autumn Crest Ct	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 4 1 5	Amount \$50.00
City Columbus	State OH	Zip Code 43209	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 \$ **\$2,150.00**