

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 Tod Bowen				Registration Number, if PAC			
Street Address 5466 Cedar Bush Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$10.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Edward Panos							
Full Name of Contributor Edward Panos				Registration Number, if PAC			
Street Address 1350 E Flamingo Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$1,000.00
City Las Vegas		State NV	Zip Code 89119	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Thomas Francis							
Full Name of Contributor Thomas Francis				Registration Number, if PAC			
Street Address 2525 Darwin Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$150.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) EFT			
Full Name of Contributor Andrew Ferris							
Full Name of Contributor Andrew Ferris				Registration Number, if PAC			
Street Address 3941 Fairlington Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$100.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Baker & Hostetler LLP PAC							
Full Name of Contributor Baker & Hostetler LLP PAC				Registration Number, if PAC OH125			
Street Address 3200 National City Center		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$500.00
City Cleveland		State OH	Zip Code 44114	Form (Cash, Check, etc.) Check			
Full Name of Contributor Craig Anderson							
Full Name of Contributor Craig Anderson				Registration Number, if PAC			
Street Address 2370 Onandaga Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$1,000.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Alan Jones							
Full Name of Contributor Alan Jones				Registration Number, if PAC			
Street Address P O Box 329		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	2312	\$1,000.00
City Mt Gilead		State OH	Zip Code 43338	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 \$ \$3,760.00