

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			Registration Number, if PAC			
Sue Gleich						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
102 Acton Rd			0	7	2	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43214	Check			
Full Name of Contributor			Registration Number, if PAC			
Stacy McVey						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2645 Lane Rd			0	8	0	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43220	Check			
Full Name of Contributor			Registration Number, if PAC			
Milton Lustnauer						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2902 Halstead Rd			0	8	0	\$500.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael Kohr						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1480 Dublin Rd			0	8	0	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Jeffrey Woo						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
366 Abbotsbury Ct			0	8	1	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Westerville	OH	43082	Check			
Full Name of Contributor			Registration Number, if PAC			
Katherine Lias						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2811 Lane Rd			0	8	1	\$250.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43220	Check			
Full Name of Contributor			Registration Number, if PAC			
Sherol Mulligan						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3110 Escott St			0	8	1	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)			
Grove City	OH	43123	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 \$ **\$2,100.00**