

# 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				Registration Number, if PAC			
Ohio Black Republican Assn; c/o Brian Jarvis							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
211 S 5th St		1	0	2914	\$450.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43215	Check				
Full Name of Contributor				Registration Number, if PAC			
Andrew Ferris							
Full Name of Contributor				Registration Number, if PAC			
Andrew Ferris							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
3941 Fairington Dr		1	0	2914	\$250.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43220	Check				
Full Name of Contributor				Registration Number, if PAC			
A J Myers							
Full Name of Contributor				Registration Number, if PAC			
A J Myers							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
384 Eastmoor Blvd		1	0	3014	\$100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43209	Check				
Full Name of Contributor				Registration Number, if PAC			
Matt Mnich							
Full Name of Contributor				Registration Number, if PAC			
Matt Mnich							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
7895 Silver Lake Ct		1	0	3014	\$100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Westerville	OH	43082	Check				
Full Name of Contributor				Registration Number, if PAC			
Geoffrey Hatcher							
Full Name of Contributor				Registration Number, if PAC			
Geoffrey Hatcher							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1013 Clubview Blvd		1	0	014	\$100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43235	Check				
Full Name of Contributor				Registration Number, if PAC			
Rick Boylan							
Full Name of Contributor				Registration Number, if PAC			
Rick Boylan							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
1976 Lake Shore Dr		1	0	3014	\$100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43204	Check				
Full Name of Contributor				Registration Number, if PAC			
William Antonoplos							
Full Name of Contributor				Registration Number, if PAC			
William Antonoplos							
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
75 E Gay St		1	0	3014	\$100.00		
City	State	Zip Code	Form (Cash, Check, etc.)				
Columbus	OH	43215	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.