

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	
Matthew Mnich			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7895 Silver Lake Ct		0 1 2 4 1 4	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43082	Check
Full Name of Contributor		Registration Number, if PAC	
Jed Morison			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2572 Brentwood Rd		0 1 2 4 1 4	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Alber Myers			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
384 Eastmoor Blvd		0 1 2 4 1 4	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Sherm Moreland			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1035 Cloverly Dr		0 1 2 4 1 4	\$50.00
City	State	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	Check
Full Name of Contributor		Registration Number, if PAC	
DLR Properties; c/o Dan Rankin			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2469 Westmont Blvd		0 1 2 4 1 4	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	Check
Full Name of Contributor		Registration Number, if PAC	
Ann Royer			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1845 Maxfield Dr		0 1 2 4 1 4	\$200.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
Full Name of Contributor		Registration Number, if PAC	
Greg Lewis			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
625 City Park Ave	43206	0 1 2 4 1 4	\$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH		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 \$	\$950.00
---------------	----------