

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 Douglas Smith				Registration Number, if PAC	
Street Address 169 E North St		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$75.00
Full Name of Contributor Bonnie Michael				Registration Number, if PAC	
Street Address 231 St Antoine St		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$20.00
Full Name of Contributor Jennifer Rhoads				Registration Number, if PAC	
Street Address 6521 Hawthorne St		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$100.00
Full Name of Contributor Harvey Glick				Registration Number, if PAC	
Street Address 6736 Lakeside Circle		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$1,000.00
Full Name of Contributor Paul Breen				Registration Number, if PAC	
Street Address 1008 Woodman Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount \$40.00
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount \$435.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount

* 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

\$8,860.00

Total expenditures this event.

\$0.00

Page Total \$ **\$1,670.00**