

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 William O'Donnell			Registration Number, if PAC	
Street Address 120 Colburn Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	Sta te OH	Zip Code 43085	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Janice Flowers			Registration Number, if PAC	
Street Address 4449 Easton Way	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43219	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Pickerington	Sta te OH	Zip Code 43147	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jon Bell			Registration Number, if PAC	
Street Address P O Box 91	Employer/Occupation/Labor Organization*		M 0	D 3
City Chillicothe	Sta te OH	Zip Code 45601	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed Hauenstein			Registration Number, if PAC	
Street Address 2926 E Mound St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43209	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nanette Rodgers			Registration Number, if PAC	
Street Address 2592 Pebble Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Lewis Center	Sta te OH	Zip Code 43035	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matthew Henderson			Registration Number, if PAC	
Street Address 1821 Normandy Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Lexington	Sta te OH	Zip Code 40504	Y 1	Amount \$100.00
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

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Total expenditures this event.

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Page Total \$ **\$850.00**