

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	
Stan Ackley			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
695 Kenwick Rd		0 6 0 9 1 1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	Check
Full Name of Contributor		Registration Number, if PAC	
Brian Barnes			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4077 Delaney Park Dr		0 6 0 9 1 1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor		Registration Number, if PAC	
Timothy Robinson			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6339 Autumn Crest Ct		0 6 0 9 1 1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43082	Check
Full Name of Contributor		Registration Number, if PAC	
Karen Pettiford			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7858 Burwood St		0 6 0 9 1 1	\$100.00
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	Check
Full Name of Contributor		Registration Number, if PAC	
Aleen Resnick			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
6917 Betsey Pl		0 6 0 9 1 1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43085	Check
Full Name of Contributor		Registration Number, if PAC	
Robert Williams			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
7188 Pebble Way Ct		0 6 0 9 1 1	\$10.00
City	State	Zip Code	Form (Cash, Check, etc.)
Worthington	OH	43235	Check
Full Name of Contributor		Registration Number, if PAC	
Shad Phillips			
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount
4333 Reed Rd		0 6 0 9 1 1	\$150.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	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 \$ **\$860.00**