

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				OH108			
Full Name of Contributor Robert Werth				Registration Number, if PAC			
Street Address 4527 Tavistock Cir		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	4	\$250.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor VSSP Advocates for Effective Government				Registration Number, if PAC			
OH108				Registration Number, if PAC			
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	4	\$2,500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Sicaras				Registration Number, if PAC			
Street Address 2988 N High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	4	\$1,000.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dan Moncrief				Registration Number, if PAC			
Street Address 1324 E 18th Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	4	\$300.00
City Columbus		State OH	Zip Code 43211	Form (Cash, Check, etc.) Check			
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
							\$4,126.00
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			

* 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

\$94,181.00

Total expenditures this event.

\$8,035.15

Page Total \$ 8,176.00
