

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 Brian Kooperman			Registration Number, if PAC
Street Address 2570 Abington Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$1,000.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Curtis Hannah			Registration Number, if PAC
Street Address 7748 Kate Brown Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$300.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check
Full Name of Contributor Tobias Iloka			Registration Number, if PAC
Street Address 6677 Spring Run Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$300.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check
Full Name of Contributor Levy & Associates; c/o Yale Levy			Registration Number, if PAC
Street Address 4645 Executive Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$300.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Brian Barker			Registration Number, if PAC
Street Address 29 W Third Ave	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$200.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check
Full Name of Contributor Kenneth Ackerman			Registration Number, if PAC
Street Address 4262 Clairmont Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Dana Freudeman			Registration Number, if PAC
Street Address 8132 Campden Lake Blvd	Employer/Occupation/Labor Organization*		M D Y Amount 0 1 2 4 1 4 \$100.00
City Dublin	State OH	Zip Code 43016	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 \$ **\$2,300.00**