

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 Moving Forward PAC				Registration Number, if PAC OH1494		
Street Address 10133 Covan Dr		Employer/Occupation/Labor Organization*		M	D	Y
				1	2	0
City Westerville		State OH	Zip Code 43082	8	1	1
				Amount \$100.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Nationwide Better Citizenship Fund						
Street Address One Nationwide Plaza				Registration Number, if PAC OH259		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Columbus		State OH	Zip Code 43215	6	1	1
				Amount \$250.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Huntington Bancshares PAC						
Street Address 41 S High St				Registration Number, if PAC COO165589		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Columbus		State OH	Zip Code 43215	6	1	1
				Amount \$500.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Kegler, Brown, Hill & Ritter PAC						
Street Address 65 E State St				Registration Number, if PAC CP648		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Columbus		State OH	Zip Code 43215	6	1	1
				Amount \$100.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Gerrity & Burrier Ltd; c/o Brian Burrier						
Street Address One Americana Building				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Columbus		State OH	Zip Code 43215	6	1	1
				Amount \$100.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor William Csepló						
Street Address 6012 Glenfinnan Ct				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Dublin		State OH	Zip Code 43017	6	1	1
				Amount \$100.00		
Form (Cash, Check, etc.) Check						
Full Name of Contributor Andrew Ferris						
Street Address 3941 Fairlington Dr				Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y		
		1	2	1		
City Columbus		State OH	Zip Code 43220	6	1	1
				Amount \$250.00		
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 \$ **\$1,400.00**