

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 Rick Boylan			Registration Number, if PAC	
Street Address 1976 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Patricia Smith			Registration Number, if PAC	
Street Address 787 Pinecliff Pl	Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Melanie Moshier			Registration Number, if PAC	
Street Address 7828 Jordan Crossing	Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor William Lafferty			Registration Number, if PAC	
Street Address 3146 Wallingford Ave	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Dan Moncrief			Registration Number, if PAC	
Street Address 1069 Woodland Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43219	Y 1	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Chester Debellis			Registration Number, if PAC	
Street Address 3874 Rushmore Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Buckeye Patriot PAC			Registration Number, if PAC COO 239905	
Street Address 2525 N Limestone St	Employer/Occupation/Labor Organization*		M 0	D 7
City Springfield	State OH	Zip Code 45503	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 \$ **\$1,225.00**