

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 John Gleason			Registration Number, if PAC	
Street Address 7532 Ogden Woods Blvd	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$250.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Motorists Mutual Civic Fund			Registration Number, if PAC COO336834	
Street Address 471 E Broad St	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$750.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sean Dunn			Registration Number, if PAC	
Street Address 6057 Johnstown	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Ensign			Registration Number, if PAC	
Street Address 8833 Belisle Ct	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Errol D'Souza			Registration Number, if PAC	
Street Address P O Box 284	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$300.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tony DiBlasi			Registration Number, if PAC	
Street Address 415 Fox Run	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bruce Daubner			Registration Number, if PAC	
Street Address 7615 Windsor Dr	Employer/Occupation/Labor Organization*		M 0 2 2 9 1 6	Amount \$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 \$ **\$1,900.00**