

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 George Sicaras				Registration Number, if PAC	
Street Address 4035 W Henderson Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Pat Smith				Registration Number, if PAC	
Street Address 787 Pinecliff Pl	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Rick Boylan				Registration Number, if PAC	
Street Address 1976 Lake Shore Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Patrick Manley				Registration Number, if PAC	
Street Address 4405 Olentangy Blvd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Mark Whitt				Registration Number, if PAC	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Mary Harachis				Registration Number, if PAC	
Street Address 758 Frances Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Jane Robinson				Registration Number, if PAC	
Street Address 6339 Autumn Crest Ct	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$100.00

* 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 \$ **\$2,500.00**