

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 Michael Gonsiorowski			Registration Number, if PAC	
Street Address 2666 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed Carr			Registration Number, if PAC	
Street Address 6088 Nicholas Glen	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jed Morrison			Registration Number, if PAC	
Street Address 2572 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Brandt			Registration Number, if PAC	
Street Address 5187 Smothers Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43081	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Martin			Registration Number, if PAC	
Street Address 5597 Corey Swirl Dr	Employer/Occupation/Labor Organization*		M 0	D 6
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tim Pirtle			Registration Number, if PAC	
Street Address 3464 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$500.00
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 \$ **\$1,025.00**