

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 Jarrold Frobose			Registration Number, if PAC			
Street Address 165 Garden Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$350.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check			
Full Name of Contributor D J Falcowski			Registration Number, if PAC			
Street Address 5971 Olentangy River Rd	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$20.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Teresa D'Amico			Registration Number, if PAC			
Street Address 750 Olenhurst Ct	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$50.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Cash			
Full Name of Contributor George Harvey			Registration Number, if PAC			
Street Address 5863 Warner Springs Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$35.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Ryan Preisse			Registration Number, if PAC			
Street Address 708 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$30.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Dave Smalley			Registration Number, if PAC			
Street Address 6822 Murdock Ct	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$40.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Kim McIlwaine			Registration Number, if PAC			
Street Address 520 Richwood Dr	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0912	Amount \$40.00
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) Cash			

* 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 \$ **\$565.00**