

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 Dan Muthard				Registration Number, if PAC	
Street Address 914 Foxtail Circle	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Tipp City	State OH	Zip Code 45371	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Gonsiorowski				Registration Number, if PAC	
Street Address 2666 Brentwood Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43209	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Jones				Registration Number, if PAC	
Street Address P O Box 329	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Mt Gilead	State OH	Zip Code 43338	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Collins & Slagle LPA; c/o Philip Collins				Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Mahaney				Registration Number, if PAC	
Street Address 50 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43215	Amount \$300.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor W Keith Stevens				Registration Number, if PAC	
Street Address 1620 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43203	Amount \$1,000.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Fennell				Registration Number, if PAC	
Street Address 943 Norway Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43221	Amount \$25.00	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 \$ **\$3,025.00**