

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Citizens for Mingo			
Full Name of Contributor Geoffrey Webster		Registration Number, if PAC	
Street Address 17813 Flagler Dr	Employer/Occupation/Labor Organization*	M D Y 0 7 2 4 1 5	Amount \$500.00
City Austin	State TX	Zip Code 78738	Form (Cash, Check, etc.) Check
Full Name of Contributor Steven Boone		Registration Number, if PAC	
Street Address 1780 Welsh Hills Rd		M D Y 0 7 2 4 1 5	Amount \$2,500.00
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) Check
Full Name of Contributor Michael Schiff		Registration Number, if PAC	
Street Address 233 Preston Rd		M D Y 0 7 2 4 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Charles Mifsud		Registration Number, if PAC	
Street Address 8550 Mallard Circle		M D Y 0 7 2 4 1 5	Amount \$1,000.00
City Plain City	State OH	Zip Code 43064	Form (Cash, Check, etc.) Check
Full Name of Contributor Tim Pirtle		Registration Number, if PAC	
Street Address 2935 Kenny Rd		M D Y 0 7 2 4 1 5	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor Gary Baas		Registration Number, if PAC	
Street Address 137 Remington Rd		M D Y 0 7 2 4 1 5	Amount \$850.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Baker & Hostetler PAC		Registration Number, if PAC OH125	
Street Address 1900 E 9th St		M D Y 0 7 2 4 1 5	Amount \$1,000.00
City Cleveland	State OH	Zip Code 44114	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 \$ \$6,350.00
