

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 Karin Andres				Registration Number, if PAC	
Street Address 1557 Lafayette Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$40.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Troy Gabriel				Registration Number, if PAC	
Street Address 1689 E Front St		Employer/Occupation/Labor Organization*		M 0	D 1
City Logan		State OH	Zip Code 43138	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Casto Family Funding LLC; c/o Don Casto				Registration Number, if PAC	
Street Address 191 W Nationwide Blvd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Magnuson & Barone; c/o Joe Barone				Registration Number, if PAC	
Street Address 570 Polaris Pkwy		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mark Arnold				Registration Number, if PAC	
Street Address 13885 Paragon Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Pickerington		State OH	Zip Code 43147	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mary Casanta				Registration Number, if PAC	
Street Address 3057 Brandon Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$10.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Motorists Mutual Civic Fund				Registration Number, if PAC COO336834	
Street Address 471 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
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 \$ **\$1,300.00**