

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 Frank Gillespie			Registration Number, if PAC	
Street Address 3579 Dinsmore Castle Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gene Pierce			Registration Number, if PAC	
Street Address 1063 Perry St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43201	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barbara Lach			Registration Number, if PAC	
Street Address 3910 Lyon Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43220	Y 1	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Don Frissora			Registration Number, if PAC	
Street Address 722 Schyler Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Gahanna	Sta te OH	Zip Code 43230	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ron Milburn			Registration Number, if PAC	
Street Address 5132 Deerskin Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	Sta te OH	Zip Code 43081	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Butch O'Neill			Registration Number, if PAC	
Street Address 3050 Carriage Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43221	Y 1	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Lafferty			Registration Number, if PAC	
Street Address 3146 Wallingford Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43231	Y 1	Amount \$100.00
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 \$ **\$1,175.00**