

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 Charles Griffith				Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Michael Schiff				Registration Number, if PAC	
Street Address 233 Preston Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Scott Birrer				Registration Number, if PAC	
Street Address 655 Metro Place	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Eric Girard				Registration Number, if PAC	
Street Address 4481 Hirth Hill Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Thomas Gross				Registration Number, if PAC	
Street Address 2700 Crafton Pk	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Larry Canini				Registration Number, if PAC	
Street Address P O Box 887	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor John Alden				Registration Number, if PAC	
Street Address One E Livingston Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00

* 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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1,250.00