

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 Robert Yoakam			Registration Number, if PAC	
Street Address 6345 Taggart Rd	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor The Behal Law Group; c/o Bob Behal			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Barnes			Registration Number, if PAC	
Street Address 5300 Drumcally Ln	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich & Gillis Law Group; c/o Mark Gillis			Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$250.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor David Connor			Registration Number, if PAC	
Street Address 306 E Beck St	Employer/Occupation/Labor Organization*		M 1 1 2 3 1 1	Amount \$250.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott Birrer			Registration Number, if PAC	
Street Address 655 Metro Place	Employer/Occupation/Labor Organization*		M 1 2 0 2 1 1	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) EFT	

* 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**