

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 NiSource PAC			Registration Number, if PAC COOO51979	
Street Address 250 W Nationwide Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vinda Ltd; c/o Vince Romanelli			Registration Number, if PAC	
Street Address 148 W Schrock Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$300.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Scott White			Registration Number, if PAC	
Street Address 4618 Gwynedd Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$500.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Zaino Hall & Farrin LLC; c/o Thomas Zaino			Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Gale			Registration Number, if PAC	
Street Address 5400 Frantz Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$50.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kegler Brown Hill & Ritter PAC			Registration Number, if PAC CP648	
Street Address 65 E State St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 8 1 6	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt McClellan			Registration Number, if PAC	
Street Address 1673 Essex Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 2 6 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43221	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 \$ **\$1,800.00**