

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 JoAnn Davidson				Registration Number, if PAC	
Street Address 6639 Forrester Way	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Reynoldsburg	State OH	Zip Code 43068	Amount \$300.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy McGrath				Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Grove City	State OH	Zip Code 43123	Amount \$300.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Gitlitz				Registration Number, if PAC	
Street Address P O Box 13753	Employer/Occupation/Labor Organization*		M 0	D 1	Y 4
City Columbus	State OH	Zip Code 43213	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Everett Gallagher				Registration Number, if PAC	
Street Address 7568 Goodrich Sq	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City New Albany	State OH	Zip Code 43054	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harris, McClellan, Binau & Cox; c/o Dan Binau				Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jason Lindholm				Registration Number, if PAC	
Street Address 6720 New Albany Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City New Albany	State OH	Zip Code 43054	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill Lane				Registration Number, if PAC	
Street Address 6064 Harlem Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Westerville	State OH	Zip Code 43082	Amount \$300.00	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**