

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 Bill Curlis			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Gross			Registration Number, if PAC	
Street Address 2531 Abington Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Glenn Alban			Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mike Kibbey			Registration Number, if PAC	
Street Address 319 Thurman Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Karin Andres			Registration Number, if PAC	
Street Address 1557 Lafayette Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rose Duvuuei			Registration Number, if PAC	
Street Address 2685 Royal Dornoch Circle	Employer/Occupation/Labor Organization*		M 0	D 3
City Delaware	State OH	Zip Code 43015	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mike Falleur			Registration Number, if PAC	
Street Address 1625 Bethel Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43220	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 \$ **\$785.00**