

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 Chester Debellis			Registration Number, if PAC	
Street Address 3874 Rushmore Dr	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Gitlitz			Registration Number, if PAC	
Street Address 5003 Horizons Dr	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bruce Meyer			Registration Number, if PAC	
Street Address 150 Ashbourne Rd	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$50.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Schiff			Registration Number, if PAC	
Street Address 233 Preston Rd	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$250.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ash Solomon			Registration Number, if PAC	
Street Address 5582 Dumfries Ct	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor R S Garek Associates Ltd; c/o Andrew Madison			Registration Number, if PAC	
Street Address 454 Main St	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff DeLeone			Registration Number, if PAC	
Street Address 137 E State St	Employer/Occupation/Labor Organization*		M 0 2 2 5 1 6	Amount \$300.00
City Columbus	State OH	Zip Code 43215	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

--	--

Total expenditures this event.

--

Page Total \$ **\$1,150.00**