

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 Roetzel & Andress; c/o Melissa Hoeffel				Registration Number, if PAC		
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor McGuire & Schneider LLP; c/o Karl Schneider				Registration Number, if PAC		
Street Address 2500 Civic Center Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor JAD & Associates LLC; c/o JoAnn Davidson				Registration Number, if PAC		
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jack Marchbanks				Registration Number, if PAC		
Street Address 46 N Ohio Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43203	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Skestos				Registration Number, if PAC		
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Timothy Pirtle				Registration Number, if PAC		
Street Address 3464 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Schiff				Registration Number, if PAC		
Street Address 400 S Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount \$600.00
City Columbus	State OH	Zip Code 43209	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 \$ **\$4,200.00**