

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 George Sicaras			Registration Number, if PAC	
Street Address 4035 W Henderson Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Roach			Registration Number, if PAC	
Street Address 2390 Kensington Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Michael Gordon			Registration Number, if PAC	
Street Address 5124 Abbotsbury Ct	Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Troy Judy			Registration Number, if PAC	
Street Address 5587 Mega Falls St	Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin	State OH	Zip Code 43016	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rhett Ricart			Registration Number, if PAC	
Street Address 4255 S Hamilton Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Groveport	State OH	Zip Code 43125	Y 1	Amount \$300.00
Form (Cash, Check, etc.) EFT				
Full Name of Contributor Marks & Associates LLC; c/o Irving Marks			Registration Number, if PAC	
Street Address 923 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43205	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ferris Law LLC; c/o Andy Ferris			Registration Number, if PAC	
Street Address 1391 W 5th Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$500.00
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 \$ **\$2,650.00**