

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 Rich & Gillis Law Group; c/o Mark Gillis				Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor John Kessler				Registration Number, if PAC	
Street Address No 4 Bottomly Crescent	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Gary Baas				Registration Number, if PAC	
Street Address 137 Remington Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Charles Griffith				Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Tim McGrath				Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Chester Debellis				Registration Number, if PAC	
Street Address 3874 Rushmore Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor John Haueisen				Registration Number, if PAC	
Street Address 587 Fox Lane	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0315
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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 \$ **\$2,500.00**