

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 Doug Borrer				Registration Number, if PAC	
Street Address 845 N High St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 3 1 5
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$500.00
Full Name of Contributor Nick Mussulin				Registration Number, if PAC	
Street Address 4120 Logan Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 3 1 5
City Canton	State OH	Zip Code 44709	Form (Cash, Check, etc.) Cash		Amount \$100.00
Full Name of Contributor Steve Deyo				Registration Number, if PAC	
Street Address 2616 Saugus Circle	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 3 1 5
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc.) Cash		Amount \$60.00
Full Name of Contributor Jarrod Frobose				Registration Number, if PAC	
Street Address 165 Garden Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 4 1 5
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Michael Kenney				Registration Number, if PAC	
Street Address 2072 Tremont Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 4 1 5
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC COOO73155	
Street Address 127 Public Square	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 4 1 5
City Cleveland	State OH	Zip Code 44114	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Stan Ackley				Registration Number, if PAC	
Street Address 695 Kenwick Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 4 1 5
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$500.00

* 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 \$ **\$3,310.00**