

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 Timothy McGrath				Registration Number, if PAC	
Street Address 5305 Rocky Creek Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Grove City		State OH	Zip Code 43123	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Motorists Mutual Civic Fund				Registration Number, if PAC COO336834	
Street Address 471 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Bluestone				Registration Number, if PAC	
Street Address 7485 Tottenham Pl		Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy Taylor				Registration Number, if PAC	
Street Address 701 Morning St		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Edwards				Registration Number, if PAC	
Street Address 495 S High St		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Friends for Tom Hanks				Registration Number, if PAC	
Street Address 732 Northhampton Ct		Employer/Occupation/Labor Organization*		M 0	D 7
City Delaware		State OH	Zip Code 43015	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Dana Rinehart				Registration Number, if PAC	
Street Address 300 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$100.00
				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 \$ 1,900.00