

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 Buckeye Patriot PAC			Registration Number, if PAC COO239905	
Street Address 2525 N Limestone St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$500.00
City Springfield	State OH	Zip Code 45503	Form (Cash, Check, etc.) Check	
Full Name of Contributor Buckeye Patriot PAC			Registration Number, if PAC C00239905	
Street Address 2525 N Limestone St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$500.00
City Springfield	State OH	Zip Code 45503	Form (Cash, Check, etc.) Check	
Full Name of Contributor Mark Corna			Registration Number, if PAC	
Street Address 10153 Chelton Wood	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$250.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eric Laeuffer			Registration Number, if PAC	
Street Address 114 Dorchester Sq	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$600.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Motorists Mutual Civic Fund			Registration Number, if PAC C00336834	
Street Address 471 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich & Gillis Law Group; c/o Jeff Rich			Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 1 1 2	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Collins & Slagle LPA; c/o Phil Collins			Registration Number, if PAC	
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 5 1 2	Amount \$600.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$4,050.00**