

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 Ed Overmyer				Registration Number, if PAC	
Street Address 2480 Stonehaven Pl		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$100.00
Full Name of Contributor Richard Loveland				Registration Number, if PAC	
Street Address 8159 Riverside Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Powell		State OH	Zip Code 43065	Y 0	Amount \$100.00
Full Name of Contributor Stan Ackley				Registration Number, if PAC	
Street Address 695 Kenwick Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$250.00
Full Name of Contributor Delena Ciamacco				Registration Number, if PAC	
Street Address 4531 E Walnut St		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 0	Amount \$250.00
Full Name of Contributor Lane, Alton & Horst LLC; c/o Jenifer French				Registration Number, if PAC	
Street Address Two Miranova Pl		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$250.00
Full Name of Contributor Ray Mason				Registration Number, if PAC	
Street Address 8000 Havens Rd		Employer/Occupation/Labor Organization*		M 0	D 1
City Blacklick		State OH	Zip Code 43004	Y 1	Amount \$250.00
Full Name of Contributor Smith & Hale LLC; c/o Glenn Dugger				Registration Number, if PAC	
Street Address 37 W Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00

* 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

--	--

Total expenditures this event

--	--

Page Total \$ **\$1,450.00**