

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 P Ronald Sabatino			Registration Number, if PAC	
Street Address 3895 Stoneridge Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$500.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Hillis			Registration Number, if PAC	
Street Address 17 S High St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stan Collins			Registration Number, if PAC	
Street Address 423 Hickory Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$600.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rick Boylan			Registration Number, if PAC	
Street Address 1976 Lake Shore Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Timothy Adams			Registration Number, if PAC	
Street Address 1431 W First Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Grandview	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ohio Merchants PAC			Registration Number, if PAC CP322	
Street Address 50 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Associated Builders & Contractors PAC			Registration Number, if PAC OH147	
Street Address 1725B Jetway Blvd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43219	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 \$ **\$4,200.00**