

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 Donald K Anthony			Registration Number, if PAC	
Street Address 697 Olde Orchard Ct	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43213	Y 2	Amount \$50.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Dave Nadolny			Registration Number, if PAC	
Street Address 175 Kenbrook Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Worthington	State OH	Zip Code 43085	Y 2	Amount \$200.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Oliver Moore			Registration Number, if PAC	
Street Address 4440 Blythe Rd	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43224	Y 2	Amount \$20.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Buckeye Liberty PAC			Registration Number, if PAC COO366781	
Street Address 1155 21st St NW	Employer/Occupation/Labor Organization*		M 0	D 5
City Washington	State DC	Zip Code 20036	Y 2	Amount \$1,000.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Pickerington	State OH	Zip Code 43147	Y 2	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Tod Bowen			Registration Number, if PAC	
Street Address 2931 E Dublin Granville Rd	Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus	State OH	Zip Code 43231	Y 2	Amount \$500.00
			Form (Cash, Check, etc.) Check	
Full Name of Contributor Mike Falleur			Registration Number, if PAC	
Street Address 499 Birchwood Ln	Employer/Occupation/Labor Organization*		M 0	D 5
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$500.00
			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

--	--

Total expenditures this event

--	--

Page Total \$ **\$2,770.00**