

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 Scott Birrer				Registration Number, if PAC		
Street Address 655 Metro Pl	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Andy Bowers				Registration Number, if PAC		
Street Address 953 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$200.00
City Columbus	State OH	Zip Code 43201	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 0	D 1	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check			
Full Name of Contributor Ohio State Construction LLC; c/o Alex Dorsey				Registration Number, if PAC		
Street Address 5727 Liberty Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$1,000.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Full Name of Contributor Todd Emoff				Registration Number, if PAC		
Street Address 3747 Renwick Ln	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check			
Full Name of Contributor John Ensign				Registration Number, if PAC		
Street Address 8833 Belisle Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Associated Builders & Contractors PAC				Registration Number, if PAC OH147		
Street Address 1725 Jetway Blvd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check 0			

* 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 \$ **\$2,000.00**