

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 Phyllis Rowan		Registration Number, if PAC		
Street Address 336 S High St	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 1 2 1 1 \$50.00	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Assn		Registration Number, if PAC OH146		
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 3 0 1 1 \$35.00	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gary Baas		Registration Number, if PAC		
Street Address 959 Maebelle Way	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 3 0 1 1 \$30.00	
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stanford Ackley		Registration Number, if PAC		
Street Address 695 Kenwick Rd	Employer/Occupation/Labor Organization*		M D Y Amount 0 3 3 0 1 1 \$50.00	
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Fennell		Registration Number, if PAC		
Street Address 943 Norway Dr	Employer/Occupation/Labor Organization*		M D Y Amount 0 4 2 7 1 1 \$35.00	
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Total Employee Contributions From Form 31-G		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount \$1,265.87	
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
City	State OH	Zip Code	Form (Cash, Check, etc.)	

* 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

5,670 87

Total expenditures this event.

308 75

Page Total \$ 1,465.87