

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 Eric Girard				Registration Number, if PAC	
Street Address 4481 Hirth Hill Rd		Employer/Occupation/Labor Organization*		M 0	D 2
City Grove City		State OH	Zip Code 43123	Y 6	Amount \$300.00
Full Name of Contributor Keycorp Advocates Fund				Registration Number, if PAC COO073155	
Street Address 127 Public Sq		Employer/Occupation/Labor Organization*		M 0	D 2
City Cleveland		State OH	Zip Code 44114	Y 6	Amount \$1,000.00
Full Name of Contributor Wallick Companies LLC; c/o Bill Hinga				Registration Number, if PAC	
Street Address P O Box 1023		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43216	Y 5	Amount \$300.00
Full Name of Contributor Frank Vitale				Registration Number, if PAC	
Street Address 879 Aylesbury Dr		Employer/Occupation/Labor Organization*		M 0	D 2
City Gahanna		State OH	Zip Code 43230	Y 6	Amount \$100.00
Full Name of Contributor David Tumen				Registration Number, if PAC	
Street Address 41 S High St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 6	Amount \$250.00
Full Name of Contributor Mark Snider				Registration Number, if PAC	
Street Address 815 Ebner St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43206	Y 6	Amount \$250.00
Full Name of Contributor Bricker & Eckler PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 6	Amount \$1,000.00

* 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

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Total expenditures this event.

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Page Total \$ **\$3,200.00**