

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 Tim Pirtle				Registration Number, if PAC	
Street Address 2935 Kenny Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoffrey Webster				Registration Number, if PAC	
Street Address 17813 Flagler Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Austin		State TX	Zip Code 78738	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Boone				Registration Number, if PAC	
Street Address 1780 Welsh Hills Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Granville		State OH	Zip Code 43023	Y 2	Amount \$2,500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeff Cabot				Registration Number, if PAC	
Street Address 258 Winthrop Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Jedinak				Registration Number, if PAC	
Street Address 1873 Lake Shore		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor 111 Liberty Street LLC; c/o Larry Canini				Registration Number, if PAC	
Street Address P O Box 887		Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$500.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Brian Yeager				Registration Number, if PAC	
Street Address 5187 Royal County Down		Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville		State OH	Zip Code 43082	Y 2	Amount \$1,000.00
				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 \$ **\$4,900.00**