

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Gary Baas</b>			Registration Number, if PAC	
Street Address <b>959 Maebelle Way</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   12   1   0	Amount <b>\$500.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>James Saad</b>			Registration Number, if PAC	
Street Address <b>229 Huber Village Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   12   1   0	Amount <b>\$100.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>New Albany PAC</b>			Registration Number, if PAC <b>COO382432</b>	
Street Address <b>65 E Gay St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   12   1   0	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Terrence Arnold</b>			Registration Number, if PAC	
Street Address <b>7200 Lakebrook Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   12   1   0	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Downes, Fishel, Hass, Kim, LLP : c/o Ben Albrecht</b>			Registration Number, if PAC	
Street Address <b>400 S Fifth St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   12   1   0	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Rich &amp; Gillis LLP : c/o Jeff Rich</b>			Registration Number, if PAC	
Street Address <b>6400 Riverside Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   15   1   0	Amount <b>\$500.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>H Burkley Showe</b>			Registration Number, if PAC	
Street Address <b>45 N Fourth St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   7   15   1   0	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$2,500.00**