

# 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>Tim Pirtle</b>			Registration Number, if PAC	
Street Address <b>2935 Kenny Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Steve Gabbe</b>			Registration Number, if PAC	
Street Address <b>297 Stanbery Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$100.00</b>
City <b>Bexley</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Karen Pettiford</b>			Registration Number, if PAC	
Street Address <b>7858 Burrwood St</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$100.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Ann Royer</b>			Registration Number, if PAC	
Street Address <b>1845 Maxfield Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Motorists Mutual Civic Fund</b>			Registration Number, if PAC <b>COO336834</b>	
Street Address <b>471 E Broad St</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$1,000.00</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>Central Ohio Realtors PAC</b>			Registration Number, if PAC <b>CP401</b>	
Street Address <b>2700 Airport Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$2,500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Andrew Showe</b>			Registration Number, if PAC	
Street Address <b>2480 W Lane Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   8   0   9   1   3</b>	Amount <b>\$600.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</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 \$ **\$5,450.00**