

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 Gary Baas			Registration Number, if PAC	
Street Address 137 Remington Rd	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Magnuson & Barone; c/o Joe Barone			Registration Number, if PAC	
Street Address 570 Polaris Pkwy	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor J Kevin Cogan			Registration Number, if PAC	
Street Address 325 John H McConnell Blvd	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Deascentis			Registration Number, if PAC	
Street Address 11 Hawksmoor Dr	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Brad Dehays			Registration Number, if PAC	
Street Address 2006 Cambridge Blvd	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich & Gillis Law Group LLC; c/o Mark Gillis			Registration Number, if PAC	
Street Address 6400 Riverside Dr	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Dublin	State OH	Zip Code 43017	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

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Total expenditures this event.

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Page Total \$ **\$7,000.00**