

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 Fishel Hass Kim Albrecht LLP; c/o Ben Albrecht			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor New Albany State PAC			Registration Number, if PAC OH1523	
Street Address 65 E Gay St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory Thrush			Registration Number, if PAC	
Street Address 550 Poppy Ln	Employer/Occupation/Labor Organization*		M D Y 0 8 1 7 1 3	Amount \$150.00
City Marysville	State OH	Zip Code 43040	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kurt Anders			Registration Number, if PAC	
Street Address 5422 Dunniker Park Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 1 9 1 3	Amount \$150.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Edward Spisich			Registration Number, if PAC	
Street Address 56921 W 52nd St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 9 1 3	Amount \$150.00
City Shadyside	State OH	Zip Code 43947	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Address; c/o Dan Hilson			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 0 1 3	Amount \$33.34
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Roetzel & Address; c/o Melissa Hoeffel			Registration Number, if PAC	
Street Address 155 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 2 0 1 3	Amount \$33.33
City Columbus	State OH	Zip Code 43215	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 \$ **\$2,016.67**