

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 Tony Frissora			Registration Number, if PAC	
Street Address 1470 Cypresswood Ct	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43229	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Horner			Registration Number, if PAC	
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin	State OH	Zip Code 43017	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Isaac, Brant, Ledman & Teeter LLP : c/o Patrick Pickett			Registration Number, if PAC	
Street Address 250 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$200.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ross Chambers			Registration Number, if PAC	
Street Address 12364 Thoroughbred Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Pickerington	State OH	Zip Code 43147	Y 0	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jack Ruscilli			Registration Number, if PAC	
Street Address 2335 Lake Woods Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sandra Giltitz			Registration Number, if PAC	
Street Address 235 Stanbery Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Patrick Kelley			Registration Number, if PAC	
Street Address 2712 Bexley Park Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$250.00
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

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Total expenditures this event.

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Page Total \$ **\$1,250.00**