

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 Mark Jump				Registration Number, if PAC	
Street Address 2130 Arlington Ave	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor William Cotton				Registration Number, if PAC	
Street Address 27 Keswick Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		Amount \$200.00
Full Name of Contributor Patrick Fields				Registration Number, if PAC	
Street Address 9220 Worthington Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Brian Barker				Registration Number, if PAC	
Street Address 1698 Berkshire Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Bailey Cavalieri LLC; c/o Don Paynter				Registration Number, if PAC	
Street Address 10 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Gerrity & Burrier Ltd; c/o Brian Burrier				Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Thomas Taneff				Registration Number, if PAC	
Street Address 600 S High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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 \$ **\$1,500.00**