

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 Thomas Dalcolma		Registration Number, if PAC	
Street Address 2216 Castle Crest Dr	Employer/Occupation/Labor Organization*	M D Y 0 8 05 1 4	Amount \$25.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check
Full Name of Contributor Lori Vandewater		Registration Number, if PAC	
Street Address 7443 Manor Creek Loop		M D Y 0 8 05 1 4	Amount \$25.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor NiSource PAC		Registration Number, if PAC CO0051979	
Street Address 200 Civic Center Dr		M D Y 0 8 05 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Carol Roth		Registration Number, if PAC	
Street Address 6928 Rothwell St		M D Y 0 8 05 1 4	Amount \$500.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor Jeff Shafer		Registration Number, if PAC	
Street Address 4164 Clairmont Rd		M D Y 0 8 15 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check
Full Name of Contributor Lynn White		Registration Number, if PAC	
Street Address 6210 Quebec St		M D Y 0 8 15 1 4	Amount \$50.00
City Berwyn Heights	State MD	Zip Code 20740	Form (Cash, Check, etc.) Check
Full Name of Contributor R S Garak & Associates; c/o Andy Madison		Registration Number, if PAC	
Street Address 464 E Main St		M D Y 0 8 15 1 4	Amount \$500.00
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 \$	\$1,400.00
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