

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 Bryan Prosek			Registration Number, if PAC	
Street Address 2584 Rittenour Ct	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$250.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gerrity & Burrier Ltd; c/o Tim Gerrity			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Hoaglin			Registration Number, if PAC	
Street Address 43 Preston Rd	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein			Registration Number, if PAC	
Street Address 1093 Fountain Ln	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dewey Stokes			Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$100.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Yoakam			Registration Number, if PAC	
Street Address 6345 Taggart Rd	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$100.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Geoffrey Webster			Registration Number, if PAC	
Street Address 2462 Lane Rd	Employer/Occupation/Labor Organization*		M D Y 1 2 17 13	Amount \$75.00
City Columbus	State OH	Zip Code 43220	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 \$ 825.00