

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 Frank Ciotola				Registration Number, if PAC	
Street Address 2707 Lear Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Gordon McGough				Registration Number, if PAC	
Street Address 7095 Coventry Woods	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Richard Gerber				Registration Number, if PAC	
Street Address 6125 Kerner Pl	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Christopher Cline				Registration Number, if PAC	
Street Address 6060 Post Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Joel Rhoades				Registration Number, if PAC	
Street Address 5975 S Section Line Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Jill Cottone				Registration Number, if PAC	
Street Address 2503 Starford Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Michael Koren				Registration Number, if PAC	
Street Address 10002 Erin Woods Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check		Amount \$500.00

* 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

2,050.00

Total expenditures this event.

135	02
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1,075.00
