

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 Keith Stevens				Registration Number, if PAC	
Street Address 1620 E Broad St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43203	Y 2	Amount \$1,000.00
Full Name of Contributor Bricker & Eckler LLP PAC				Registration Number, if PAC OH821	
Street Address 100 S Third St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor VSSP Advocates for Effective Government				Registration Number, if PAC OH108	
Street Address 52 E Gay St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor Ronald Sabatino				Registration Number, if PAC	
Street Address 3895 Stoneridge Ln		Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$1,000.00
Full Name of Contributor Richard Hillis				Registration Number, if PAC	
Street Address 17 S High St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor Michael Sliemers				Registration Number, if PAC	
Street Address P O Box 895		Employer/Occupation/Labor Organization*		M 0	D 1
City Hilliard		State OH	Zip Code 43026	Y 2	Amount \$50.00
Full Name of Contributor Mark Schriml				Registration Number, if PAC	
Street Address 255 Windward Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Canal Winchester		State OH	Zip Code 43110	Y 3	Amount \$400.00

* 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 \$ **\$5,450.00**