

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 Debbie Bower			Registration Number, if PAC	
Street Address 1361 Fountaine Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Full Name of Contributor Mark Ludwig			Registration Number, if PAC	
Street Address 83 E Gates	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$25.00
Full Name of Contributor Steven Hess			Registration Number, if PAC	
Street Address 4500 Dublin Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Full Name of Contributor Michael Kelley			Registration Number, if PAC	
Street Address 250 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Full Name of Contributor John Gerlach & CO LLP; c/o T J Conger			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Full Name of Contributor Nicholas King			Registration Number, if PAC	
Street Address 2730 Abington Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$500.00
Full Name of Contributor Isaac Wiles PAC			Registration Number, if PAC CP1058	
Street Address 2 Miranova Pl	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00

* 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 \$ **\$1,025.00**