

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 Dan Moncrief			Registration Number, if PAC	
Street Address 1324 E 18th Ave	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43211	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eric Girard			Registration Number, if PAC	
Street Address 6242 Rising Sun Dr	Employer/Occupation/Labor Organization*		M 0	D 4
City Grove City	State OH	Zip Code 43123	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Timothy Jones			Registration Number, if PAC	
Street Address 4876 Rustic Bridge Rd	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43214	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Nationwide Better Citizenship Fund			Registration Number, if PAC OH259	
Street Address One Nationwide Plaza	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Troy Gabriel			Registration Number, if PAC	
Street Address 1689 E Front St	Employer/Occupation/Labor Organization*		M 0	D 5
City Logan	State OH	Zip Code 43138	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Gary Gabriel			Registration Number, if PAC	
Street Address 4402 Alameda Dr	Employer/Occupation/Labor Organization*		M 0	D 5
City Grove City	State OH	Zip Code 43123	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Richardson			Registration Number, if PAC	
Street Address 22668 Dillon Rd	Employer/Occupation/Labor Organization*		M 0	D 5
City Ashville	State OH	Zip Code 43103	Y 1	Amount \$500.00
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 \$ **\$2,850.00**