

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Laural Flanagan</b>			Registration Number, if PAC	
Street Address <b>710 Woods Hollow Ln</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$300.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Paul Blevins</b>			Registration Number, if PAC	
Street Address <b>920 Cherryfield Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Tricia Nunemaker</b>			Registration Number, if PAC	
Street Address <b>800 Delong St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$150.00</b>
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>James Bownas</b>			Registration Number, if PAC	
Street Address <b>2245 Victoria Park Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$150.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Bob Talbott</b>			Registration Number, if PAC	
Street Address <b>442 E Northwood Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$2,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Associated Builders A Contractors PAC</b>			Registration Number, if PAC <b>OH147</b>	
Street Address <b>1725 Jetway Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$600.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Dorothy Teater</b>			Registration Number, if PAC	
Street Address <b>3272 Cleeve Hill</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   6   0   9   1   1	Amount <b>\$100.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$3,450.00**