

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 Stephen Landerman				Registration Number, if PAC	
Street Address 2598 Camden Rd		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor F W Englefield					
Street Address 447 James Parkway		Employer/Occupation/Labor Organization*		M 0	D 2
City Heath		State OH	Zip Code 43056	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor M I Homes PAC					
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43219	Y 1	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Mifsud					
Street Address 5511 Caplestone Ln		Employer/Occupation/Labor Organization*		M 0	D 2
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$1,000.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Vince Romanelli					
Street Address 148 W Schrock Rd		Employer/Occupation/Labor Organization*		M 0	D 2
City Westerville		State OH	Zip Code 43081	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Saad					
Street Address 2511 Danvers Ct		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$300.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Crabbe, Brown, & James; c/o Larry James					
Street Address 500 S Front St		Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$1,000.00
				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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$3,300.00**