

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 Laural Flanagan			Registration Number, if PAC	
Street Address 710 Woods Hollow Ln	Employer/Occupation/Labor Organization*		M 0	D 6
City Powell	State OH	Zip Code 43065	Y 2	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Bates			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sean Mohn			Registration Number, if PAC	
Street Address 129 W 2nd St	Employer/Occupation/Labor Organization*		M 0	D 7
City Dover	State OH	Zip Code 44622	Y 2	Amount \$600.00
Form (Cash, Check, etc.) EFT				
Full Name of Contributor Downes, Fishel, Hass & Kim LLP; c/o Ben Albrecht			Registration Number, if PAC	
Street Address 400 S 5th St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Associated Builders & Contractors PAC			Registration Number, if PAC OH147	
Street Address 1725 Jetway Blvd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43219	Y 2	Amount \$600.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Laurence Ruben			Registration Number, if PAC	
Street Address 140 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor J Kevin Cogan			Registration Number, if PAC	
Street Address 325 John H McConnell Blvd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	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

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Total expenditures this event

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Page Total \$ **\$4,100.00**