

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 William Csepolo				Registration Number, if PAC			
Street Address 6012 Glenfinnan Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Deborah Johnson							
Full Name of Contributor Deborah Johnson				Registration Number, if PAC			
Street Address 1903 Brandywine Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Thomas Flesch							
Full Name of Contributor Thomas Flesch				Registration Number, if PAC			
Street Address 595 Cardinal Hill Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check			
Glenn Alban							
Full Name of Contributor Glenn Alban				Registration Number, if PAC			
Street Address 7100 N High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) Check			
Behan Law Group LLC; c/o Bob Behal							
Full Name of Contributor Behan Law Group LLC; c/o Bob Behal				Registration Number, if PAC			
Street Address 501 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Don Brey							
Full Name of Contributor Don Brey				Registration Number, if PAC			
Street Address 1135 Kingslea Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Michael Deascentis							
Full Name of Contributor Michael Deascentis				Registration Number, if PAC			
Street Address 11 Hawksmoor Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	0	\$250.00
City New Albany		State OH	Zip Code 43054	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 \$ \$1,750.00
