

# 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>Ed Hauenstein</b>				Registration Number, if PAC	
Street Address <b>2926 E Mound St</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Charles Bluestone</b>				Registration Number, if PAC	
Street Address <b>7485 Tottenham Pl</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$150.00</b>
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Jon Hughes</b>				Registration Number, if PAC	
Street Address <b>8168 Lombard Way</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$1,000.00</b>
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Charles Mifsud</b>				Registration Number, if PAC	
Street Address <b>8550 Mallard Circle</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$1,000.00</b>
City <b>Plain City</b>		State <b>OH</b>	Zip Code <b>43064</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>William Shimp</b>				Registration Number, if PAC	
Street Address <b>1550 Essex Rd</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Michael Silberstein</b>				Registration Number, if PAC	
Street Address <b>1093 Fountain Ln</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43213</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Patricia Martin</b>				Registration Number, if PAC	
Street Address <b>5597 Corey Swirl Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y 0   7   0   8   1   6	Amount <b>\$20.00</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

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Total expenditures this event.

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Page Total \$ **\$2,470.00**