

# 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>Thomas Flesch</b>			Registration Number, if PAC	
Street Address <b>595 Cardinal Hill Ln</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$1,000.00</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>Samuel Koon</b>			Registration Number, if PAC	
Street Address <b>141 E Town St</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</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 Hl</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$500.00</b>
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Moving Forward PAC</b>			Registration Number, if PAC <b>OH1494</b>	
Street Address <b>10133 Covan Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$250.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Zeiger, Tigges, &amp; Little LLP; c/o John Zeiger</b>			Registration Number, if PAC	
Street Address <b>41 S High St</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Onda, LaBuhn, Rankin &amp; Boggs LPA; c/o Tim Rankin</b>			Registration Number, if PAC	
Street Address <b>266 N Fourth St</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Citizens for Cheryl Grossman; c/o Larry Earman, Treasurer</b>			Registration Number, if PAC	
Street Address <b>3955 Brown Park Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y   0   7   1   2   1   3	Amount <b>\$150.00</b>
City <b>Hilliard</b>	State <b>OH</b>	Zip Code <b>43026</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 \$ **\$3,350.00**