

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 Beer & Wine PAC		Registration Number, if PAC CP127		
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Stan Ackley		Registration Number, if PAC		
Street Address 695 Kenwick Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ken Ackerman		Registration Number, if PAC		
Street Address 4262 Clairmont Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dan Muthard		Registration Number, if PAC		
Street Address 914 Foxtail Circle	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$1,000.00
City Tipp City	State OH	Zip Code 45371	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Flesch		Registration Number, if PAC		
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$1,000.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor R H Jeffrey		Registration Number, if PAC		
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M D Y 0 7 1 5 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43209	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 D Y 0 7 2 2 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$2,900.00**