

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 Richard Levine			Registration Number, if PAC	
Street Address 2754 Bryden Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Behal Law Group LLC; c/o Bob Behal			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Jeffrey			Registration Number, if PAC	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Everett Gallagher			Registration Number, if PAC	
Street Address 7568 S Goodrich Sq	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$100.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Harvey			Registration Number, if PAC	
Street Address 5863 Warner Springs Dr	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$150.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Edward Panos			Registration Number, if PAC	
Street Address 4495 SW 67th Terrace	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$1,000.00
City Davie	State FL	Zip Code 33314	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Jon Hughes			Registration Number, if PAC	
Street Address 8168 Lombard Way	Employer/Occupation/Labor Organization*		M D Y 0 8 1 6 1 3	Amount \$100.00
City Dublin	State OH	Zip Code 43016	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 \$ **\$1,650.00**