

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 Benesch, Friedlander, Coplan & Aronoff; c/o Victor Goodman				Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Matt Mnich				Registration Number, if PAC	
Street Address 7895 Silver Lake Ct	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$100.00
City Westerville	State OH	Zip Code 43082	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Thomas Brigdon				Registration Number, if PAC	
Street Address 2416 Commonwealth Pk	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$250.00
City Bexley	State OH	Zip Code 43209	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Delena Ciamacco				Registration Number, if PAC	
Street Address 4531 E Walnut St	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$200.00
City Westerville	State OH	Zip Code 43081	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Richard Loveland				Registration Number, if PAC	
Street Address 8159 Riverside Dr	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$100.00
City Powell	State OH	Zip Code 43065	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Sharon Deascentis				Registration Number, if PAC	
Street Address 11 Hawksmoor Rd	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$350.00
City New Albany	State OH	Zip Code 43054	Y 2	Y 3	Form (Cash, Check, etc.) Check
Full Name of Contributor Glenn Alban				Registration Number, if PAC	
Street Address 7100 N High St	Employer/Occupation/Labor Organization*		M 1	D 1	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Y 2	Y 3	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 \$ **\$1,300.00**