

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 0	D 7	Y 0
City Bexley	State OH	Zip Code 43209	8	1	5
Form (Cash, Check, etc.) Check			Amount \$150.00		
Full Name of Contributor Committee for Judge Schneider				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0
City Columbus	State OH	Zip Code 43206	8	1	5
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor Mark Snider				Registration Number, if PAC	
Street Address 815 Ebner St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0
City Columbus	State OH	Zip Code 43206	8	1	5
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC COO418830	
Street Address 3 Easton Oval	Employer/Occupation/Labor Organization*		M 0	D 7	Y 0
City Columbus	State OH	Zip Code 43219	8	1	5
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor Zeiger, Tigges, & Little LLP; c/o John Zeiger				Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43215	1	5	1
Form (Cash, Check, etc.) Check			Amount \$250.00		
Full Name of Contributor Matt McClellan				Registration Number, if PAC	
Street Address 1673 Essex Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Columbus	State OH	Zip Code 43221	6	1	5
Form (Cash, Check, etc.) Check			Amount \$1,000.00		
Full Name of Contributor Laural Flanagan				Registration Number, if PAC	
Street Address 710 Woods Hollow Ln	Employer/Occupation/Labor Organization*		M 0	D 7	Y 1
City Powell	State OH	Zip Code 43065	6	1	5
Form (Cash, Check, etc.) Check			Amount \$600.00		

* 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

--	--

Total expenditures this event.

--	--

Page Total \$ **\$2,300.00**