

# 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>Pizzuti PAC</b>			Registration Number, if PAC <b>OH1260</b>	
Street Address <b>Two Miranova Pl</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>2</b>	Amount <b>\$1,000.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>J D Leach</b>			Registration Number, if PAC	
Street Address <b>1236 Kenbrook Hills Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Thomas Stout</b>			Registration Number, if PAC	
Street Address <b>2865 Cheyenne Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>London</b>	State <b>OH</b>	Zip Code <b>43140</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Jonathan Howard</b>			Registration Number, if PAC	
Street Address <b>6232 Howard St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Blacklick</b>	State <b>OH</b>	Zip Code <b>43004</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Matthew McClellan</b>			Registration Number, if PAC	
Street Address <b>1673 Essex Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>ABC Central Ohio PAC</b>			Registration Number, if PAC <b>OH147</b>	
Street Address <b>1725 Jetway Blvd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Jeffery Feinman</b>			Registration Number, if PAC	
Street Address <b>5247 Longrifle Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Y <b>2</b>	Amount <b>\$500.00</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 \$ **\$3,600.00**