

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 Jeff Cabot			Registration Number, if PAC	
Street Address 60 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$300.00
Full Name of Contributor Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M 0	D 2
City Powell	State OH	Zip Code 43065	Y 1	Amount \$1,000.00
Full Name of Contributor Richard Levine			Registration Number, if PAC	
Street Address 2754 Bryden Rd	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$300.00
Full Name of Contributor John Hauelsen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization*		M 0	D 2
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$50.00
Full Name of Contributor Moving Forward PAC			Registration Number, if PAC OH1494	
Street Address 10133 Covan Dr	Employer/Occupation/Labor Organization*		M 0	D 2
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$300.00
Full Name of Contributor Paul Blevins			Registration Number, if PAC	
Street Address 920 Cherryfield Ave	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43235	Y 1	Amount \$300.00
Full Name of Contributor Citizens for Cheryl Grossman			Registration Number, if PAC	
Street Address 3955 Brown Park Dr	Employer/Occupation/Labor Organization*		M 0	D 2
City Hilliard	State OH	Zip Code 43016	Y 1	Amount \$100.00

* 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

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Total expenditures this event.

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Page Total \$ **\$2,350.00**