

# 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>Thomas Flesch</b>			Registration Number, if PAC	
Street Address <b>595 Cardinal Hill Ln</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y 1	Amount <b>\$200.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Taft, Stettinius &amp; Hollister Fund</b>			Registration Number, if PAC <b>OH1146</b>	
Street Address <b>420 Walnut St</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Cincinnati</b>	State <b>OH</b>	Zip Code <b>45202</b>	Y 1	Amount <b>\$600.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Mark Arnold</b>			Registration Number, if PAC	
Street Address <b>1400 Haft Rd</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	Y 1	Amount <b>\$150.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Sean Mohn</b>			Registration Number, if PAC	
Street Address <b>834 Forrest Ridge Dr</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Dover</b>	State <b>OH</b>	Zip Code <b>44622</b>	Y 1	Amount <b>\$250.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Bricker &amp; Eckler PAC</b>			Registration Number, if PAC <b>OH821</b>	
Street Address <b>100 S Third St</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y 1	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Marianne Collins</b>			Registration Number, if PAC	
Street Address <b>423 Hickory Ln</b>	Employer/Occupation/Labor Organization*		M 0	D 5
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Y 1	Amount <b>\$600.00</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 0	D 5
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Y 1	Amount <b>\$1,000.00</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 \$ **\$3,300.00**