

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 Dan Muthard			Registration Number, if PAC	
Street Address 914 Foxtail Circle	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$300.00
City Tipp City	State OH	Zip Code 45371	Form (Cash, Check, etc.) Check	
Full Name of Contributor Alan Wasserstrom			Registration Number, if PAC	
Street Address 2300 Lockbourne Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laural Flanagan			Registration Number, if PAC	
Street Address 710 Woods Hollow Ln	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$200.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Talbott			Registration Number, if PAC	
Street Address 4236 Shire Cove Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$500.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Association			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vinda Ltd; c/o Vince Romanelli			Registration Number, if PAC	
Street Address 148 W Schrock Rd	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Weiler			Registration Number, if PAC	
Street Address 10 N High St	Employer/Occupation/Labor Organization*		M D Y 0 3 0 3 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	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 \$ **\$2,000.00**