

# 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>Robert Weiler</b>			Registration Number, if PAC	
Street Address <b>10 N High St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   1   2   2   1   6	Amount <b>\$2,500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Dwight Smith</b>			Registration Number, if PAC	
Street Address <b>2881 Swisher Creek Crossing Ct</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$500.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>EFT</b>	
Full Name of Contributor <b>Charles Bluestone</b>			Registration Number, if PAC	
Street Address <b>7485 Tottenham Pl</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$200.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>A J Myers</b>			Registration Number, if PAC	
Street Address <b>384 Eastmoor Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$300.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Columbus Apartment Association</b>			Registration Number, if PAC <b>OH146</b>	
Street Address <b>1225 Dublin Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$300.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Delena Ciamacco</b>			Registration Number, if PAC	
Street Address <b>4531 E Walnut St</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$300.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Magnuson &amp; Barone; c/o Joe Barone</b>			Registration Number, if PAC	
Street Address <b>570 Polaris Parkway</b>	Employer/Occupation/Labor Organization*		M   D   Y 0   2   0   4   1   6	Amount <b>\$1,000.00</b>
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</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 \$ **\$5,100.00**