

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 Alex Torno				Registration Number, if PAC	
Street Address 426 N Selby Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		
Full Name of Contributor John Cheek				Registration Number, if PAC	
Street Address 810 Old Woods Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		
Full Name of Contributor Scott Whitlock				Registration Number, if PAC	
Street Address 6081 Olentangy River Rd	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Worthington	State OH	Zip Code 43085	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 0	D 5	Y 1 2 1 4
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) Check		
Full Name of Contributor Michael Ream				Registration Number, if PAC	
Street Address 2200 Surrywood Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check		
Full Name of Contributor Thomas Brandt				Registration Number, if PAC	
Street Address 5299 Courtney Pl	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		
Full Name of Contributor James Bownas				Registration Number, if PAC	
Street Address 2245 Victoria Park Dr	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1 2 1 4
City Columbus	State OH	Zip Code 43235	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 \$ **\$520.00**