

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 Paul Breen				Registration Number, if PAC	
Street Address 1008 Woodman Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Richard Talbott					
Street Address 4236 Shire Cove Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Hilliard		State OH	Zip Code 43026	Y 3	Amount \$1,000.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor David Goodman					
Street Address 7250 Talanth Pl		Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany		State OH	Zip Code 43054	Y 3	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thomas Brandt					
Street Address 5299 Courtney Pl		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43235	Y 3	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Thomas Taneff					
Street Address 600 S High St		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff; c/o Vic Goodman					
Street Address 41 S High St		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michael Wettrich					
Street Address 6470 Morningside Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Lewis Center		State OH	Zip Code 43035	Y 3	Amount \$150.00
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 \$ **\$1,900.00**