

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 Dorothy Teater			Registration Number, if PAC	
Street Address 3272 Cleeve Hill	Employer/Occupation/Labor Organization*		M 0	D 3
City Dublin	Sta te OH	Zip Code 43017	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Powell	Sta te OH	Zip Code 43065	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Williams			Registration Number, if PAC	
Street Address 7188 Pebble Way Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	Sta te OH	Zip Code 43235	Y 1	Amount \$10.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor William Fennell			Registration Number, if PAC	
Street Address 943 Norway Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43221	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Blommel			Registration Number, if PAC	
Street Address 9012 Kilbourne Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Sunbury	Sta te OH	Zip Code 43074	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ed Overmyer			Registration Number, if PAC	
Street Address 2245 North Bank Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43220	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matt Borges			Registration Number, if PAC	
Street Address 259 Preston Rd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	Sta te OH	Zip Code 43209	Y 2	Amount \$100.00
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 \$ **\$660.00**