

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 Larry Levine			Registration Number, if PAC	
Street Address 7881 Creek Hollow Rd	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Muthard			Registration Number, if PAC	
Street Address 914 Foxtail Circle	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$1,000.00
City Tipp City	State OH	Zip Code 45371	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 1 2 1 7 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Bluestone			Registration Number, if PAC	
Street Address 7485 Tottenham Pl	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$300.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andrew Bowers			Registration Number, if PAC	
Street Address 2284 Cob Tail Way	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$300.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Schiff			Registration Number, if PAC	
Street Address 400 S Parkview Ave	Employer/Occupation/Labor Organization*		M D Y 1 2 1 7 1 3	Amount \$300.00
City Columbus	State OH	Zip Code 43209	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 1 2 1 7 1 3	Amount \$300.00
City Hilliard	State OH	Zip Code 43026	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 \$ **\$4,200.00**