

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 Behal Law Group LLC, c/o Robert Behal			Registration Number, if PAC	
Street Address 501 S High St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ron Milburn			Registration Number, if PAC	
Street Address 5132 Deekskin Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Bob Roach			Registration Number, if PAC	
Street Address 1287 Harrison Pond Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tod Bowen			Registration Number, if PAC	
Street Address 5466 Cedar Bush Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43229	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mike Falleur			Registration Number, if PAC	
Street Address 1625 Bethel Rd	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Doug Tenenbaum			Registration Number, if PAC	
Street Address 1214 Jaeger St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mark Potts			Registration Number, if PAC	
Street Address 330 Guernsey Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43204	Y 0	Amount \$40.00
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 \$ **\$435.00**