

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				Registration Number, if PAC			
Citizens for Mingo							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Merom Brachman				0	1	3	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
311 N Drexel Ave		Columbus		Check			
State		Zip Code					
OH		43209					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Mary Carducci				0	1	3	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
5212 Preston Ct		Powell		Check			
State		Zip Code					
OH		43065					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Jeffrey Edwards				0	1	3	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
495 S High St		Columbus		Check			
State		Zip Code					
OH		43215					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Barry Fromm				0	2	0	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
2460 Stonehaven Ct		Columbus		EFT			
State		Zip Code					
OH		43220					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Central Ohio Realtors PAC				0	2	1	\$1,000.00
Street Address		City		Form (Cash, Check, etc.)			
2700 Airport Dr		Columbus		Check			
State		Zip Code					
OH		43219					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Michael Saad				0	2	1	\$100.00
Street Address		City		Form (Cash, Check, etc.)			
2511 Danvers Ct		Columbus		Check			
State		Zip Code					
OH		43220					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Jameson Crane				0	2	1	\$250.00
Street Address		City		Form (Cash, Check, etc.)			
500 S Parkview Ave		Columbus		Check			
State		Zip Code					
OH		43209					

* 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 \$ 2,350.00