

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 Brad Bennett				Registration Number, if PAC			
Street Address 305 Avalon Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$250.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Chad Delligatti				Registration Number, if PAC			
Street Address 8108 Harriott Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$250.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Patricia Martin				Registration Number, if PAC			
Street Address 5597 Corey Swirl Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$25.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Robert Hoying				Registration Number, if PAC			
Street Address 9322 Pratolino Villa Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$200.00
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Richard Malir				Registration Number, if PAC			
Street Address 4967 Galway Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Michael Sliemers				Registration Number, if PAC			
Street Address 1300 Northwest Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check			
Full Name of Contributor Charles McCleughan				Registration Number, if PAC			
Street Address 3956 Brown Park Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	16	\$100.00
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-I" and list the date of the event in the date column

Total contributions this event

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Total expenditures this event.

	975.00
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