

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 Merom Brachman			Registration Number, if PAC	
Street Address 311 N Drexel Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43209	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tony Frissora			Registration Number, if PAC	
Street Address 1470 Cypresswood Ct	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43229	Y 1	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Vince Romanelli			Registration Number, if PAC	
Street Address 6745 Temperance Pt	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43082	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Squire, Sanders & Dempsey PAC			Registration Number, if PAC CO044935	
Street Address 1201 Pennsylvania Ave	Employer/Occupation/Labor Organization*		M 0	D 3
City Washington	State DC	Zip Code 20004	Y 1	Amount \$300.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor John Hauelsen			Registration Number, if PAC	
Street Address 587 Fox Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Grange Mutual Casualty Ohio PAC			Registration Number, if PAC CO0302695	
Street Address 671 S High St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor James Saad			Registration Number, if PAC	
Street Address 229 Huber Village Blvd	Employer/Occupation/Labor Organization*		M 0	D 3
City Westerville	State OH	Zip Code 43081	Y 1	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 \$ **\$1,475.00**