

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

Prescribed by Secretary of State 03/05

Event Date 7/30/14

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Name of Committee in Full Citizens for Mingo				
Full Name of Contributor Central Ohio Realtors PAC			Registration Number, if PAC CP401	
Street Address 2700 Airport Dr	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 4	Amount \$25,000.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Columbus Apartment Assn PAC			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 4	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Madison & Rosan LLP PAC			Registration Number, if PAC OH1248	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 4	Amount \$300.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos			Registration Number, if PAC	
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 4	Amount \$1,000.00
City Bexley	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 0 6 2 0 1 4	Amount \$500.00
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc.) Check	
Full Name of Contributor Daniel Muthard			Registration Number, if PAC	
Street Address 914 Foxtail Cir	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 4	Amount \$2,500.00
City Tipp City	State OH	Zip Code 45371	Form (Cash, Check, etc.) Check	
Full Name of Contributor AFPD Ohio PAC			Registration Number, if PAC CP1331	
Street Address 30415 W 13 Mile Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 2 0 1 4	Amount \$100.00
City Farmington Hills	State MI	Zip Code 48334	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 \$ **\$29,900.00**