

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 Laural Flanagan				Registration Number, if PAC	
Street Address 710 Woods Hollow Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 1 6	Amount \$100.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Central Ohio Realtors PAC				Registration Number, if PAC CP401	
Street Address 2700 Airpor Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 1 2 1 6	Amount \$1,000.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Arnold				Registration Number, if PAC	
Street Address 3020 Dale Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$400.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Brandt				Registration Number, if PAC	
Street Address 5187 Smothers Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$100.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor G Roger King				Registration Number, if PAC	
Street Address 5598 Dundon Ct		Employer/Occupation/Labor Organization*		M D Y 0 9 2 8 1 6	Amount \$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jobs America PAC				Registration Number, if PAC COO554055	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 1 6	Amount \$2,500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ohio Trucking Assn PAC				Registration Number, if PAC CP434	
Street Address 21 E State St		Employer/Occupation/Labor Organization*		M D Y 1 0 1 7 1 6	Amount \$500.00
City Columbus		State OH	Zip Code 43215	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 \$ **\$4,700.00**