

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 Central Ohio Realtors PAC				Registration Number, if PAC CP401	
Street Address 2700 Airport Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$1,000.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor John P McConnell				Registration Number, if PAC	
Street Address 200 Old Wilson Bridge Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Catherine Lytle				Registration Number, if PAC	
Street Address 192 Tucker Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jennifer Camper				Registration Number, if PAC	
Street Address 90 W Hubbard		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Rick Boylan				Registration Number, if PAC	
Street Address 1976 Lake Shore Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43204	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Stephen Smith				Registration Number, if PAC	
Street Address 6018 Kenzie Ln		Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin		State OH	Zip Code 43017	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Stephen Smith Jr				Registration Number, if PAC	
Street Address 8097 Summerhouse Dr		Employer/Occupation/Labor Organization*		M 0	D 7
City Dublin		State OH	Zip Code 43016	Y 2	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 \$ **\$2,350.00**