

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 Committee for Judge Schneider				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43206	2	2	1
			Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Schottenstein Zox & Dunn PAC				Registration Number, if PAC OH1310	
Street Address 250 West St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43215	2	2	1
			Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee to Elect Keenan				Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43206	2	2	1
			Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Andre Porter				Registration Number, if PAC	
Street Address 5778 Blendon Brook Ln	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43230	2	2	1
			Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Weiler				Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43215	2	2	1
			Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Oberle				Registration Number, if PAC	
Street Address 60 W Southington Ave	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Worthington	State OH	Zip Code 43085	2	2	1
			Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christopher Miller				Registration Number, if PAC	
Street Address 5758 Courtier Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Dublin	State OH	Zip Code 43017	2	2	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 \$ **\$2,050.00**