

# 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 Robert Yoakam		Registration Number, if PAC	
Street Address 6345 Taggart Rd	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   3   1   1	Amount \$100.00
City Delaware	State OH	Zip Code 43015	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   D   Y 0   6   1   3   1   1	Amount \$100.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check
Full Name of Contributor Chester, Willcox & Saxbe Fund		Registration Number, if PAC OH843	
Street Address 65 E State St	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   3   1   1	Amount \$300.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check
Full Name of Contributor Madison & Rosan PAC		Registration Number, if PAC OH1248	
Street Address 39 E Whittier St	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   3   1   1	Amount \$1,000.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
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   3   1   1	Amount \$600.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check
Full Name of Contributor Benesch, Friedlander, Coplan & Aronoff c/o James Ervin		Registration Number, if PAC	
Street Address 41 S High St	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   3   1   1	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Steven Cuckler		Registration Number, if PAC	
Street Address 8232 Wild Flower Dr	Employer/Occupation/Labor Organization*	M   D   Y 0   6   1   3   1   1	Amount \$100.00
City Powell	State OH	Zip Code 43065	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 \$ 2,800.00