

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 Dick Talbott			Registration Number, if PAC	
Street Address 442 E Northwood Ave	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$1,000.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Meyer			Registration Number, if PAC	
Street Address 195 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Murray Davis			Registration Number, if PAC	
Street Address 360 S Columbia Ave	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$150.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor John Royer			Registration Number, if PAC	
Street Address 1480 Dublin Rd	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ann Royer			Registration Number, if PAC	
Street Address 1845 Maxfield Dr	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$200.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Hoaglin			Registration Number, if PAC	
Street Address 43 Preston Rd	Employer/Occupation/Labor Organization*		M 0 2 0 4 1 6	D Y Amount \$300.00
City Columbus	State OH	Zip Code 43209	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 0 2 0 4 1 6	D Y Amount \$1,000.00
City Columbus	State OH	Zip Code 43219	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 \$ **\$3,800.00**