

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 Pat Grabill				Registration Number, if PAC	
Street Address 2970 Arbuckle Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City London		State OH	Zip Code 43140	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Randy Best					
Street Address 10035 Juliana Circle		Employer/Occupation/Labor Organization*		M 0	D 7
City Powell		State OH	Zip Code 43065	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Central Ohio Realtors PAC					
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 Ed Overmyer					
Street Address 2480 Stonehaven Pl		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Matt Mnich					
Street Address 7895 Silver Lake Ct		Employer/Occupation/Labor Organization*		M 0	D 8
City Westerville		State OH	Zip Code 43082	Y 0	Amount \$250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Mary Casanta					
Street Address 3057 Brandon Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 0	Amount \$10.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Richard Royer					
Street Address 2007 Collingswood Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 0	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 \$ **\$1,660.00**