

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 1	D 2	Y 0
City Columbus	State OH	Zip Code 43219	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor SSC PAC State of Ohio				Registration Number, if PAC CP878	
Street Address 4300 E 5th Ave	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43219	Amount \$250.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Zatezalo				Registration Number, if PAC	
Street Address 1176 Harrison Pond Dr	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City New Albany	State OH	Zip Code 43054	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dewey Stokes				Registration Number, if PAC	
Street Address 750 Willow Bend Ln	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43204	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Adam Sommer				Registration Number, if PAC	
Street Address 300 W Wilson Bridge Rd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Worthington	State OH	Zip Code 43085	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Maguire & Schneider LLP; c/o Karl Schneider				Registration Number, if PAC	
Street Address 250 Civic Center Dr	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43215	Amount \$100.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor A J Myers				Registration Number, if PAC	
Street Address 384 Eastmoor Blvd	Employer/Occupation/Labor Organization*		M 1	D 2	Y 0
City Columbus	State OH	Zip Code 43209	Amount \$250.00	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 \$ **\$1,150.00**