

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 CPM Law PAC			Registration Number, if PAC OH1505	
Street Address 366 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Full Name of Contributor Design Group PAC			Registration Number, if PAC CP859	
Street Address 515 E Main St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Full Name of Contributor Thomas Flesch			Registration Number, if PAC	
Street Address 595 Cardinal Hill Ln	Employer/Occupation/Labor Organization*		M 0	D 7
City Powell	State OH	Zip Code 43065	Y 2	Amount \$1,000.00
Full Name of Contributor Taft, Stettinius & Hollister Government Fund			Registration Number, if PAC OH1146	
Street Address 425 Walnut St	Employer/Occupation/Labor Organization*		M 0	D 7
City Cincinnati	State OH	Zip Code 45202	Y 2	Amount \$1,000.00
Full Name of Contributor Squire, Sanders & Dempsey PAC			Registration Number, if PAC COO444935	
Street Address 1201 Pennsylvania Ave	Employer/Occupation/Labor Organization*		M 0	D 7
City Washington	State DC	Zip Code 20004	Y 2	Amount \$600.00
Full Name of Contributor VSSP Advocates for Effective Government			Registration Number, if PAC OH108	
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor BIA Build PAC of Central Ohio			Registration Number, if PAC OH135	
Street Address 495 Executive Campus Dr	Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$600.00

* 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 \$ **\$4,400.00**