

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Central Ohio Realtors PAC</b>			Registration Number, if PAC <b>CP401</b>	
Street Address <b>2700 Airport Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Y <b>1</b>	Amount <b>\$1,900.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Laurel Flanagan</b>			Registration Number, if PAC	
Street Address <b>710 Woods Hollow Ln</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Y <b>1</b>	Amount <b>\$600.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>John Royer</b>			Registration Number, if PAC	
Street Address <b>1480 Dublin Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>\$500.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>William Shimp</b>			Registration Number, if PAC	
Street Address <b>1550 Essex Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>4</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Form (Cash, Check, etc.) <b>Check</b>				
Full Name of Contributor <b>Total Employee Contributions From Form 31-G</b>			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount <b>\$3,750.00</b>
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State <b>OH</b>	Zip Code	Y	Amount
Form (Cash, Check, etc.)				

\* 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

**\$27,295.00**

Total expenditures this event.

**\$8,057.44**Page Total \$ **\$6,850.00**