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

Event Date_ 3/23/10	
Page	

Prescribed by Secretary of State 03/05

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Name of Committee in Full  Citizens for Mingo								
			Register	ation No.	nher if D	A C		
Full Name of Contributor Central Ohio Realtors PAC				Registration Number, if PAC CP401				
Street Address	Employer/Occupati	ion/Labor Organization*	M	D	Y	Amount		
2700 Airport Dr			0 4	0 6	1 0	\$1,900.00		
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)			
Columbus	OH	43219	Check					
Full Name of Contributor			Registr	ation Nu	nber, if P	AC		
Laural Flanagan								
Street Address	Employer/Occupati	ion/Labor Organization*	M	D	Y	Amount		
710 Woods Hollow Ln				0 8	I	\$600.00		
City	Sta te	Zip Code		Cash, Che	ck, etc.)			
Powell	OH	43065	Chec		eneganes (eneganes enega			
Full Name of Contributor  John Royer			Registr	ation Nu	nber, if P	AC		
Street Address	Employer/Occupati	ion/Labor Organization*	M	D	Y	Amount		
1480 Dublin Rd	Employen Secupus	San	0 4	0 8	1 0	\$500.00		
City	Sta te	Zip Code	ł	Cash, Che	3			
Columbus	ОН	43215	Chec					
Full Name of Contributor		THE STREET STREE	Registr	ation Nu	nber, if F	AC		
William Shimp								
Street Address	Employer/Occupati	ion/Labor Organization*	М	D	Y	Amount		
1550 Essex Rd		· ·	0 4	0 8	1 0	\$100.00		
City	Sta te	Zip Code	Form (C	Cash, Che	ck, etc.)			
Columbus	OH	43221	Check					
Full Name of Contributor Total Employee Contributions From Form 31-G  Registration Number, if PAC						AC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount \$3,750.00		
		Table 2			<u> </u>	ψ5,7 50.00		
City	OH Sta te	Zip Code	Form (C	Cash, Che	ck, etc.)			
Full Name of Contributor	and a process of the second		Registr	ation Nu	mber, if I	AC		
Street Address	Employer/Occupat	ion/Labor Organization*	M	D	Y	Amount		
City	Sta te OH	Zip Code	Form (C	Cash, Che	ck, etc.)			
Full Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occupat	ion/Labor Organization*	М	D	Y	Amount		
City	Sta te OH	Zip Code	Form (C	Cash, Che	ck, etc.)			
* Required for contributions from individuals over \$100 to statewide	and General Asse	embly candidates. If contributor	is self-em	nloved	the occi	mation and the name of		

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

\$27,295.00
\$27,290.00

Total expenditures this event.

\$8,057.44
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<sup>\*</sup> 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)]