

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 0
City Columbus		State OH	Zip Code 43219	Y 9	Amount \$1,000.00
Full Name of Contributor The Limited PAC				Registration Number, if PAC CP809	
Street Address Three Limited Parkway		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43230	Y 9	Amount \$1,000.00
Full Name of Contributor John Myers				Registration Number, if PAC	
Street Address 1221 Grandview Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43212	Y 9	Amount \$100.00
Full Name of Contributor Bryan Prosek				Registration Number, if PAC	
Street Address 2584 Rittenhour Ct		Employer/Occupation/Labor Organization*		M 1	D 2
City Blacklick		State OH	Zip Code 43004	Y 6	Amount \$250.00
Full Name of Contributor Total Employee Contributions From Form 31-G				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 0	D 7
City		State OH	Zip Code	Y 3	Amount \$2,785.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount

* 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

\$66,395.00

Total expenditures this event.

\$8,706.50

Page Total \$ **\$5,135.00**