

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 George Kontagiannis			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Brad Dehays			Registration Number, if PAC	
Street Address 1145 W Goodale Blvd	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43212	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Tamara Potts			Registration Number, if PAC	
Street Address 6314 Edgecreek Ln	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43231	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert Werth			Registration Number, if PAC	
Street Address 4527 Tavistock Circle	Employer/Occupation/Labor Organization*		M 0	D 3
City Powell	State OH	Zip Code 43065	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Todd Emoff			Registration Number, if PAC	
Street Address 4349 Easton Way	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43219	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Greg Comfort			Registration Number, if PAC	
Street Address 2275 Onandaga Dr	Employer/Occupation/Labor Organization*		M 0	D 3
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
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 \$ **\$1,700.00**