

# 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>Todd Emoff</b>				Registration Number, if PAC	
Street Address <b>3747 Renwick Ln</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	Y <b>3</b>	Amount <b>\$100.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>MSC PAC</b>				Registration Number, if PAC <b>COO309468</b>	
Street Address <b>P O Box 594</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Youngstown</b>		State <b>OH</b>	Zip Code <b>44501</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Matthew McClellan</b>				Registration Number, if PAC	
Street Address <b>1673 Essex Rd</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Bailey Cavalieri LLC; c/o Harlan Louis</b>				Registration Number, if PAC	
Street Address <b>10 W Broad St</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>George Kontogiannis</b>				Registration Number, if PAC	
Street Address <b>400 S Fifth St</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Melissa Hoeffel</b>				Registration Number, if PAC	
Street Address <b>1443 Cliff St</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>BIA Build PAC of Central Ohio</b>				Registration Number, if PAC <b>CP1058</b>	
Street Address <b>495 Executive Dr</b>		Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>1</b>
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082</b>	Y <b>3</b>	Amount <b>\$300.00</b>
				Form (Cash, Check, etc.) <b>Check</b>	

\* 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

--	--

Total expenditures this event.

--

Page Total \$ **\$1,900.00**