

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 Stelios Giannopoulos			Registration Number, if PAC	
Street Address 247 N Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 2
City Bexley	State OH	Zip Code 43209	Y 1	Amount \$1,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor G Roger King			Registration Number, if PAC	
Street Address 5598 Dundon Ct	Employer/Occupation/Labor Organization*		M 0	D 2
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor David Martin			Registration Number, if PAC	
Street Address 6031 Wilton House Ct	Employer/Occupation/Labor Organization*		M 0	D 2
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Eleanor Haynes			Registration Number, if PAC	
Street Address 399 E Main St	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lisa Thompson			Registration Number, if PAC	
Street Address 5161 Tyler Henry Dr	Employer/Occupation/Labor Organization*		M 0	D 2
City Canal Winchester	State OH	Zip Code 43110	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jobs America PAC			Registration Number, if PAC COO554055	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$2,000.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Total Employee Contributions From Form 31-G			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State OH	Zip Code	Y	Amount \$2,250.00
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

\$37,435.00

Total expenditures this event.

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Page Total \$ **\$5,650.00**