

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 Marguerite Hughes			Registration Number, if PAC	
Street Address 5046 Hamhurst Rd	Employer/Occupation/Labor Organization*		M D Y 0 6 1 0 1 3	Amount \$500.00
City Lyndhurst	State OH	Zip Code 44124	Form (Cash, Check, etc.) Check	
Full Name of Contributor Steven Boone			Registration Number, if PAC	
Street Address 1780 Welsh Hills Rd	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$2,500.00
City Granville	State OH	Zip Code 43023	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Weiler			Registration Number, if PAC	
Street Address 10 N High St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$2,500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey Edwards			Registration Number, if PAC	
Street Address 495 S High St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Kontogiannis			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Skestos			Registration Number, if PAC	
Street Address 31 S Columbia Ave	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$1,000.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Brigdon			Registration Number, if PAC	
Street Address 2416 Commonwealth Pk	Employer/Occupation/Labor Organization*		M D Y 0 7 1 2 1 3	Amount \$1,000.00
City Bexley	State OH	Zip Code 43209	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 \$ 9,500.00