

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 Isaac, Wiles, Burkholder & Teetor PAC				Registration Number, if PAC CP1058		
Street Address 2 Miranova Pl	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Strategic Public Partners PAC				Registration Number, if PAC COO499343		
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$200.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Pizzuti PAC				Registration Number, if PAC OH1260		
Street Address Two Miranova Pl	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Bryan Lundgren				Registration Number, if PAC		
Street Address 5141 Darry Ln	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
City Dublin	State OH	Zip Code 43016	Form (Cash, Check, etc.) Check			
Full Name of Contributor Frank Ciotola				Registration Number, if PAC		
Street Address 2707 Lear Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor George Arnold				Registration Number, if PAC		
Street Address 3020 Dale Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$200.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stelios Giannopoulos				Registration Number, if PAC		
Street Address 247 N Parkview Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount \$100.00
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 \$ **\$2,200.00**