

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 John Hamlin				Registration Number, if PAC		
Street Address 21 W Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Geoffrey Hatcher				Registration Number, if PAC		
Street Address 1013 Clubview Blvd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$100.00
City Columbus	State OH	Zip Code 43235	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 1	Y 2	Amount \$250.00
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check			
Full Name of Contributor Thomas Horner				Registration Number, if PAC		
Street Address 9417 Avemore Ct	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check			
Full Name of Contributor Jerry Jordan				Registration Number, if PAC		
Street Address 795 Old Woods Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check			
Full Name of Contributor Collins & Slagle Co LPA; c/o Phil Collins				Registration Number, if PAC		
Street Address 21 E State St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$1,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Stephen Landerman				Registration Number, if PAC		
Street Address 2598 Camden Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2	Amount \$250.00
City Columbus	State OH	Zip Code 43221	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 \$ **\$3,200.00**