

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 Court Hall			Registration Number, if PAC	
Street Address 645 Neil Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles Griffith			Registration Number, if PAC	
Street Address 522 N State St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$150.00
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Juan Perez			Registration Number, if PAC	
Street Address 8000 Ravines Edge Ct	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Jedinak			Registration Number, if PAC	
Street Address 1873 Lake Shore	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$50.00
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kooperman Gillespie Ltd; c/o Brian Kooperman			Registration Number, if PAC	
Street Address 383 Front St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$500.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Harris McClellan Binau & Cox; c/o Dan Binau			Registration Number, if PAC	
Street Address 37 W Broad St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor DeLena Ciamacco			Registration Number, if PAC	
Street Address 4531 Walnut St	Employer/Occupation/Labor Organization*		M D Y 0 8 0 9 1 3	Amount \$100.00
City Westerville	State OH	Zip Code 43081	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 \$ 1,050.00