

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 Randy Best				Registration Number, if PAC	
Street Address 10035 Juliana Circle	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Powell	State OH	Zip Code 43065	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Katherine Lias				Registration Number, if PAC	
Street Address 2811 Lane Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43220	Amount \$200.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Thomas Taneff				Registration Number, if PAC	
Street Address 600 S High St	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$250.00	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 0	D 7	Y 2
City Columbus	State OH	Zip Code 43215	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy Rhynard				Registration Number, if PAC	
Street Address 4355 Langton Rd	Employer/Occupation/Labor Organization*		M 0	D 7	Y 2
City Hilliard	State OH	Zip Code 43026	Amount \$250.00	Form (Cash, Check, etc.) EFT	
Full Name of Contributor Stephen Holzer				Registration Number, if PAC	
Street Address 4920 Stonehaven Dr	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3
City Columbus	State OH	Zip Code 43220	Amount \$500.00	Form (Cash, Check, etc.) Check	
Full Name of Contributor William Cseple				Registration Number, if PAC	
Street Address 28571 Calabria Ct	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3
City Naples	State FL	Zip Code 34110	Amount \$200.00	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 \$ **\$2,100.00**