

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 Bill Newman			Registration Number, if PAC	
Street Address 600 S High St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$100.00
Full Name of Contributor George Sicaras			Registration Number, if PAC	
Street Address 2988 N High St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43202	Y 2	Amount \$600.00
Full Name of Contributor Rodney Wasserstrom			Registration Number, if PAC	
Street Address 2655 Sherwood Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$1,000.00
Full Name of Contributor George Kontogiannis			Registration Number, if PAC	
Street Address 400 S Fifth St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$2,500.00
Full Name of Contributor Bricker & Eckler PAC			Registration Number, if PAC OH821	
Street Address 100 S Third St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Full Name of Contributor Andy Bowers			Registration Number, if PAC	
Street Address 953 Neil Ave	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$250.00
Full Name of Contributor Columbus Apartment Assoc PAC			Registration Number, if PAC OH146	
Street Address 1225 Dublin Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$750.00

* 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 \$ **\$5,700.00**