

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 Committee for Jim Hughes				Registration Number, if PAC		
Street Address 52 E Gay St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$250.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check			
Full Name of Contributor Erik Yassenoff				Registration Number, if PAC		
Street Address 1990 Hampshire Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Deborah Johnson				Registration Number, if PAC		
Street Address 1903 Brandywine Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor James Plahuta				Registration Number, if PAC		
Street Address 4335 Harbrough Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor James Sicaras				Registration Number, if PAC		
Street Address 1955 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check			
Full Name of Contributor Andrew Ferris				Registration Number, if PAC		
Street Address 3941 Fairlington Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$250.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check			
Full Name of Contributor Dean Adamantidis				Registration Number, if PAC		
Street Address 2320 Kensington Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 10	Amount \$100.00
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 \$ 1,450.00