

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 Dewey Stokes				Registration Number, if PAC	
Street Address 750 Willow Bend Ln		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43204	Form (Cash, Check, etc.) Check	
Full Name of Contributor Rich & Gillis Law Group LLC; c/o Mark Gillis				Registration Number, if PAC	
Street Address 6400 Riverside Dr		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$1,000.00
City Dublin		State OH	Zip Code 43017	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 D Y 0 6 0 5 1 4	Amount \$1,000.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tony Greco				Registration Number, if PAC	
Street Address 6810 Caine Rd		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	
Full Name of Contributor Ash Solomon				Registration Number, if PAC	
Street Address 5582 Dumfries Ct		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$100.00
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lawrence Adelman				Registration Number, if PAC	
Street Address 300 W Spring St		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$150.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Ln		Employer/Occupation/Labor Organization*		M D Y 0 6 0 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43213	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 \$ 2,550.00