

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			Registration Number, if PAC	
Orvets Commercial Real Estate LLC; c/o Martin Orvets				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
P O Box 1439		1	0	4
City	State	Zip Code	Amount	
Powell	OH	43065	\$250.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Michael Paplow				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
341 N Remington		1	0	4
City	State	Zip Code	Amount	
Bexley	OH	43209	\$250.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
George Sicaras				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2988 N High St		1	0	4
City	State	Zip Code	Amount	
Columbus	OH	43202	\$1,000.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
James Sicaras				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1955 Upper Chelsea Rd		1	0	4
City	State	Zip Code	Amount	
Columbus	OH	43221	\$1,000.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Constantine Soulas				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2148 Havens Ct		1	0	4
City	State	Zip Code	Amount	
Blacklick	OH	43004	\$600.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Jack Jang				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
840 Michigan Ave		1	0	4
City	State	Zip Code	Amount	
Columbus	OH	43215	\$500.00	
Form (Cash, Check, etc.)				
Check				
Full Name of Contributor			Registration Number, if PAC	
Klausman Law Ltd; c/o Bill Klausman				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
75 E Gay St		1	0	4
City	State	Zip Code	Amount	
Columbus	OH	43215	\$400.00	
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 \$ 4,000.00