



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Mingo				
Full Name of Contributor Randy Best			Registration Number, if PAC	
Street Address 10035 Juliana Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	Date (MM/DD/YYYY) 09/28/2018	Amount 250.00
Full Name of Contributor Charles Klausman			Registration Number, if PAC	
Street Address 75 E Gay St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/28/2018	Amount 250.00
Full Name of Contributor George Limbert			Registration Number, if PAC	
Street Address 104 Kastlekov Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lewis Center	State OH	Zip Code 43035	Date (MM/DD/YYYY) 09/28/2018	Amount 250.00
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 75 E Gay St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/28/2018	Amount 500.00
Full Name of Contributor Stelios Giannopoulos			Registration Number, if PAC	
Street Address 247 N Parkview Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/28/2018	Amount 1,000.00

*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)]

Page Total 2,250.00