

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 Erol D'Souza			Registration Number, if PAC	
Street Address P O Box 284	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$100.00
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) Check	
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 75 E Gay St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$600.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jobs America PAC			Registration Number, if PAC COO554055	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$2,000.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Strategic Public Partners PAC			Registration Number, if PAC COO499343	
Street Address 88 E Broad St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor George Sicaras			Registration Number, if PAC	
Street Address 2988 N High St	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$300.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check	
Full Name of Contributor Michael Koren			Registration Number, if PAC	
Street Address 10002 Erin Woods Dr	Employer/Occupation/Labor Organization*		M D Y 0 3 1 2 1 5	Amount \$300.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Angelica Misa			Registration Number, if PAC	
Street Address 386 Benedetti Ave	Employer/Occupation/Labor Organization*		M D Y 0 3 2 3 1 5	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 \$ **\$3,700.00**