Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/21/10		
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Name of Committee in Full					
Citizens for Mingo					
Full Name of Contributor			Registration Number, if PAC		
George Sicaras			, , , , , , , , , , , , , , , , , , ,		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
2460 N High St	improy sir sooup		0 9 2 2 1 0 \$300.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43202	Check		
Full Name of Contributor			Registration Number, if PAC		
Thomas Mosure					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
3218 Tavistock Circle		.	0 9 2 8 1 0 \$200.00		
City	State	Zip Code	Form (Cash, Check, etc.)		
Powell	OH	43065	Check		
Full Name of Contributor			Registration Number, if PAC		
Jeffrey Jones Street Address	12 2 2	<u> </u>	M D Yi Amount		
10265 Covan Dr	Employer/Occup	ation/Labor Organization*	1 0 0 7 1 0 \$250.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Westerville	OH	43082	Check		
Full Name of Contributor	0.11		Registration Number, if PAC		
Dean Adamantidis					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
2320 Kensington Dr		Č	1 0 0 7 1 0 \$1,000.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43221	Check		
Full Name of Contributor James Sicaras			Registration Number, if PAC		
Street Address 1955 Upper Chelsea Rd	Employer/Occup	pation/Labor Organization*	1 0 0 7 1 0 Amount \$1,000.00		
City Columbus	Sta te OH	Zip Code 43221	Form (Cash, Check, etc.) Check		
Full Name of Contributor Total Employee Contributions From Form	31-G	1	Registration Number, if PAC		
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount \$725.00		
City	Sta tc OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
City	Starte OH	Zip Code	Form (Cash, Check, etc.)		

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	Total expenditures this event.			
\$4,240.00	\$0.00	Page Total \$	\$3,475.00	

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)]