

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 George Sicaras				Registration Number, if PAC	
Street Address 2988 N High St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43202	4	1	3
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor Adam Sommer				Registration Number, if PAC	
Street Address 2144 Riverhill Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43221	4	1	3
Form (Cash, Check, etc.) Check			Amount \$250.00		
Full Name of Contributor W Keith Stevens				Registration Number, if PAC	
Street Address 1620 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43203	4	1	3
Form (Cash, Check, etc.) Check			Amount \$500.00		
Full Name of Contributor Richard Talbott				Registration Number, if PAC	
Street Address 4236 Shire Cove Rd	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Hilliard	State OH	Zip Code 43026	4	1	3
Form (Cash, Check, etc.) Check			Amount \$250.00		
Full Name of Contributor James Stevenson				Registration Number, if PAC	
Street Address 7107 Asheville Park Dr	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43235	4	1	3
Form (Cash, Check, etc.) Check			Amount \$250.00		
Full Name of Contributor Nancy Taylor				Registration Number, if PAC	
Street Address 701 Morning St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Worthington	State OH	Zip Code 43085	4	1	3
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor Doug Tenebaum				Registration Number, if PAC	
Street Address 1214 Jaeger St	Employer/Occupation/Labor Organization*		M 0	D 1	Y 2
City Columbus	State OH	Zip Code 43206	4	1	3
Form (Cash, Check, etc.) Check			Amount \$250.00		

* 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)]

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 \$ 1,700.00