

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>Dean Adamantidis</b>			Registration Number, if PAC	
Street Address <b>75 E Gay St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Sicaras Properties LLC; c/o Jim Sicaras</b>			Registration Number, if PAC	
Street Address <b>52 E 15th Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>George Limbert</b>			Registration Number, if PAC	
Street Address <b>104 Kastekove Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$100.00</b>
City <b>Lewis Center</b>	State <b>OH</b>	Zip Code <b>43035</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Isaac Wiles PAC</b>			Registration Number, if PAC <b>CP1058</b>	
Street Address <b>2 Miranova Pl</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$500.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Associated Builders &amp; Contractors PAC</b>			Registration Number, if PAC <b>OH147</b>	
Street Address <b>1725B Jetway Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43219</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Huntington Bancshares PAC</b>			Registration Number, if PAC <b>COO165589</b>	
Street Address <b>41 S High St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   8   2   6   1   6</b>	Amount <b>\$1,000.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Kemp Schaeffer &amp; Rowe LPA; c/o Jacqueline Kemp</b>			Registration Number, if PAC	
Street Address <b>88 W Mound St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0   9   1   2   1   6</b>	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$3,900.00**