

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 William Antonoplos				Registration Number, if PAC	
Street Address 75 E Gay St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Dean Adamantidis					
Street Address 2320 Kensington Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 3	Amount \$300.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Wendy Bellamy					
Street Address 4351 Broadhurst Dr		Employer/Occupation/Labor Organization*		M 0	D 1
City Whitehall		State OH	Zip Code 43213	Y 3	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Delena Ciamacco					
Street Address 4531 E Walnut St		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43081	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Andrew Showe					
Street Address 45 N Front St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Timothy Robinson					
Street Address 6339 Autumn Crest Ct		Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville		State OH	Zip Code 43082	Y 3	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Moody Nolan PAC					
Street Address 300 Spruce St		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 3	Amount \$100.00
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 \$ 1,025.00