

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 H Lee Thompson			Registration Number, if PAC	
Street Address 2727 Belleroy Way	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43219	Y 2	Amount \$250.00
Full Name of Contributor Lisa Purvis Hinson			Registration Number, if PAC	
Street Address 7518 Ogden Woods	Employer/Occupation/Labor Organization*		M 0	D 1
City New Albany	State OH	Zip Code 43054	Y 2	Amount \$100.00
Full Name of Contributor Crabbe, Brown & James; c/o Larry James			Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$1,000.00
Full Name of Contributor Dean Adamantidis			Registration Number, if PAC	
Street Address 2320 Kensington Dr	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43221	Y 2	Amount \$100.00
Full Name of Contributor John Alden			Registration Number, if PAC	
Street Address 1865 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code	Y 2	Amount \$200.00
Full Name of Contributor Doug Anderson			Registration Number, if PAC	
Street Address 2525 Wimbledon Rd	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43220	Y 2	Amount \$250.00
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 2	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 \$ **\$2,150.00**