

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 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$250.00
Full Name of Contributor Charles McClenaghan				Registration Number, if PAC	
Street Address 3956 Brown Park Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Hilliard		State OH	Zip Code 43026	Y 1	Amount \$75.00
Full Name of Contributor John Levitt				Registration Number, if PAC	
Street Address 4141 Lyon Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
Full Name of Contributor John Gleason				Registration Number, if PAC	
Street Address 7532 Ogden Woods Blvd		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$150.00
Full Name of Contributor Tamra Potts				Registration Number, if PAC	
Street Address 44 Tinley Pk Circle		Employer/Occupation/Labor Organization*		M 0	D 8
City Delaware		State OH	Zip Code 43015	Y 1	Amount \$1,000.00
Full Name of Contributor Michael Gordon				Registration Number, if PAC	
Street Address 5124 Abbotsbury Ct		Employer/Occupation/Labor Organization*		M 0	D 8
City New Albany		State OH	Zip Code 43054	Y 1	Amount \$100.00
Full Name of Contributor George Limbert				Registration Number, if PAC	
Street Address 104 Kastlekovc Dr		Employer/Occupation/Labor Organization*		M 0	D 8
City Lewis Center		State OH	Zip Code 43055	Y 1	Amount \$100.00

* 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 \$ **\$1,775.00**