

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

Prescribed by Secretary of State 03/05

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|--|---|--------------------------|--|-----------------------------|
| Name of Committee in Full Citizens for Mingo | | | | |
| Full Name of Contributor Rick Boylan | | | Registration Number, if PAC | |
| Street Address 1976 Lake Shore Dr | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Columbus | State OH | Zip Code 43204 | Y 9 | Amount \$300.00 |
| Full Name of Contributor Bob Behal | | | Registration Number, if PAC | |
| Street Address 2531 Brentwood Rd | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Bexley | State OH | Zip Code 43209 | Y 9 | Amount \$200.00 |
| Full Name of Contributor George Arnold | | | Registration Number, if PAC | |
| Street Address 3020 Dale Ave | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Columbus | State OH | Zip Code 43209 | Y 9 | Amount \$300.00 |
| Full Name of Contributor William Antonoplos | | | Registration Number, if PAC | |
| Street Address 75 E Gay St | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Columbus | State OH | Zip Code 43215 | Y 9 | Amount \$100.00 |
| Full Name of Contributor Dean Adamantidis | | | Registration Number, if PAC | |
| Street Address 75 E Gay St | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Columbus | State OH | Zip Code 43215 | Y 9 | Amount \$1,000.00 |
| Full Name of Contributor Josh Brown | | | Registration Number, if PAC | |
| Street Address 175 S Third St | Employer/Occupation/Labor Organization* | | M 0 | D 2 |
| City Columbus | State OH | Zip Code 43215 | Y 9 | Amount \$50.00 |
| Full Name of Contributor Go Go PAC | | | Registration Number, if PAC OH1021 | |
| Street Address 21 E State St | Employer/Occupation/Labor Organization* | | M 0 | D 3 |
| City Columbus | State OH | Zip Code 43215 | Y 0 | Amount \$300.00 |

* 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 \$ **\$2,250.00**