

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 Barbara Smith				Registration Number, if PAC	
Street Address 2561 Brixton Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43221	6	1	0
Form (Cash, Check, etc.) Check			Amount \$100.00		
Full Name of Contributor William Antonoplos				Registration Number, if PAC	
Street Address 107 S High St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43215	6	1	0
Form (Cash, Check, etc.) Check			Amount \$50.00		
Full Name of Contributor Jonathan McGee				Registration Number, if PAC	
Street Address 2520 Haverford Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43220	6	1	0
Form (Cash, Check, etc.) Check			Amount \$50.00		
Full Name of Contributor W Mark Jump				Registration Number, if PAC	
Street Address 2130 Arlington Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43221	6	1	0
Form (Cash, Check, etc.) Check			Amount \$250.00		
Full Name of Contributor William Martin				Registration Number, if PAC	
Street Address 5597 Correy Swirl Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Dublin	State OH	Zip Code 43017	6	1	0
Form (Cash, Check, etc.) Check			Amount \$25.00		
Full Name of Contributor P S Martin				Registration Number, if PAC	
Street Address 1030 Hilo Ln	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43212	6	1	0
Form (Cash, Check, etc.) Check			Amount \$25.00		
Full Name of Contributor Anthony Greco				Registration Number, if PAC	
Street Address 6810 Caine Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43215	7	1	0
Form (Cash, Check, etc.) Check			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

--

Total expenditures this event.

--

Page Total \$ **\$750.00**