

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 G Roger King | | | | Registration Number, if PAC | |
| Street Address 5598 Dundon Ct | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$250.00 |
| City Dublin | | State OH | Zip Code 43017 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor William Antonoplos | | | | Registration Number, if PAC | |
| Street Address 75 E Gayt St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$200.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Gary Patterson | | | | Registration Number, if PAC | |
| Street Address 2475 Darwin Dr | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$100.00 |
| City Columbus | | State OH | Zip Code 43235 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Stelios Giannopoulos | | | | Registration Number, if PAC | |
| Street Address 247 N Parkview Ave | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$100.00 |
| City Bexley | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor W Keith Stevens | | | | Registration Number, if PAC | |
| Street Address 1620 E Broad St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$500.00 |
| City Columbus | | State OH | Zip Code 43203 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Benesch Friedlander Coplan & Aronoff, c/o James Ervin | | | | Registration Number, if PAC | |
| Street Address 41 S High St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$500.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Check | |
| Full Name of Contributor Andy Madison | | | | Registration Number, if PAC | |
| Street Address 464 E Main St | | Employer/Occupation/Labor Organization* | | M D Y 0 8 1 6 1 3 | Amount \$500.00 |
| City Columbus | | State OH | Zip Code 43215 | 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 \$ **\$2,150.00**