

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Citizens for Mingo</b>				
Full Name of Contributor <b>William Antonoplos</b>			Registration Number, if PAC	
Street Address <b>75 E Gay St</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Don Bowen</b>			Registration Number, if PAC	
Street Address <b>4500 Dublin Rd</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>George Limbert</b>			Registration Number, if PAC	
Street Address <b>104 Kastlekove Dr</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$250.00</b>
City <b>Lewis Center</b>	State <b>OH</b>	Zip Code <b>43035</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Mark Smith</b>			Registration Number, if PAC	
Street Address <b>1841 Inchcliff Rd</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$250.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Brad Dehays</b>			Registration Number, if PAC	
Street Address <b>2006 Cambridge Blvd</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Randy Best</b>			Registration Number, if PAC	
Street Address <b>10035 Juliana Cir</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$100.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Randy Best</b>			Registration Number, if PAC	
Street Address <b>10035 Juliana Cir</b>	Employer/Occupation/Labor Organization*		M 1 0 0 4 1 4	Amount <b>\$100.00</b>
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$1,400.00**