

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 Roni Leeman				Registration Number, if PAC	
Street Address 500 S Drexel Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) EFT		Amount \$100.00
Full Name of Contributor Lee Adamantidis				Registration Number, if PAC	
Street Address 75 E Gay St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$1,000.00
Full Name of Contributor Peter Constantinides				Registration Number, if PAC	
Street Address 75 E Gay St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Monica Blakemore				Registration Number, if PAC	
Street Address 1008 Kenway Ct	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor Stanford Ackley				Registration Number, if PAC	
Street Address 695 Kenwick Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1 6 1 4
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Doug Tenebaum				Registration Number, if PAC	
Street Address 1214 Jaeger St	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) EFT		Amount \$100.00
Full Name of Contributor Frederick Kapetansky				Registration Number, if PAC	
Street Address 2599 Sonata Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2 9 1 4
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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.

1,900.00